**News Release**

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**Seven Myths About Children’s Eyes**

[INSERT ORGANIZATION NAME] *and the American Academy of Ophthalmology reveal seven common misunderstandings about children's eye health*

<INSERT CITY, STATE>– [INSERT DATE] — Think you have the facts on your child’s eye care? When is the right time to have their eyes checked? Is too much screen time damaging their eyes? Do they need to wear sunglasses? There are a lot of myths and misinformation out there about children’s eye health. Don’t turn to Dr. Google for answers, ask your ophthalmologist — a physician who specializes in medical and surgical eye care — if you want to set your child up for a lifetime of good vision. Here, [INSERT ORGANIZATION NAME] and the American Academy of Ophthalmology debunk seven common myths about children’s eye health:

* **Pink eye only happens in young children.**While young kids are known for getting [pink eye](https://www.aao.org/eye-health/diseases/pink-eye-conjunctivitis), due to close contact in day care centers, so can teenagers, college students, and adults — especially those who don’t [clean their contacts](https://www.aao.org/eye-health/glasses-contacts/contact-lens-care) properly. The best way to keep pink eye from spreading is to practice good hygiene, including washing your hands, not touching your eyes, and using clean towels and other products around the face.
* **Antibiotics are necessary to cure your child’s pink eye.**Antibiotics are rarely necessary to treat pink eye. There are three types of pink eye: viral, bacterial, and allergic conjunctivitis. Most cases are caused by viral infections or allergies and do not respond to antibiotics. Antibiotics may be prescribed for bacterial conjunctivitis depending on severity. Mild cases of bacterial conjunctivitis usually resolve on their own within 7 to 14 days without treatment.
* **Sun is bad for your eyes.**While it’s true that long-term exposure to the sun without proper protection can increase the risk of eye disease, some [studies suggest](https://www.aao.org/eye-health/tips-prevention/time-outdoors-reduces-nearsightedness) sun exposure is necessary for normal visual development. Children who have less sun exposure seem to be at higher risk for developing [myopia](https://www.aao.org/eye-health/diseases/myopia-nearsightedness) or nearsightedness. Just make sure they’re protected with [UV-blocking sunglasses](https://www.aao.org/eye-health/glasses-contacts/sunglasses) and sunscreen.
* **Blue light from screens is damaging children’s vision.**Contrary to what you may be [reading on the Internet](https://www.aao.org/eye-health/news/smartphone-blue-light-is-not-blinding-you), blue light is not blinding you or your screen-obsessed kids. While it is true that nearsightedness is [becoming more common](https://www.aao.org/eye-health/tips-prevention/screen-use-kids), blue light isn’t the culprit. In fact, we are exposed to much more blue light naturally from the sun than we are from our screens. The important thing to remember is to [take frequent breaks](https://www.aao.org/eye-health/tips-prevention/computer-usage). The Academy recommends a 20-20-20 rule: look at an object at least 20 feet away every 20 minutes for at least 20 seconds.
* **Vision loss only happens to adults.**The eyes of a child with [amblyopia](https://www.aao.org/eye-health/diseases/amblyopia-lazy-eye) (lazy eye) may look normal, but this eye condition can steal sight if not treated. Amblyopia is when vision in one of the child’s eyes is reduced because the eye and brain are not working together properly. [Strabismus](https://www.aao.org/eye-health/diseases/what-is-strabismus) (crossed eyes) is another eye condition that can cause vision loss in a child. Strabismus is when the eyes do not line up in the same direction when focusing on an object.
* **All farsighted children need glasses.** Most children are farsighted early in life. It’s actually normal. It doesn’t necessarily mean your child needs glasses because they use their focusing muscles to provide clear vision for both distance and near vision. Children do need glasses when their farsightedness blurs their vision or leads to strabismus. They will also need glasses if they are significantly more farsighted in one eye compared with the other, a condition that puts them at risk of developing amblyopia.
* **There is no difference between a vision screening and a vision exam.**While it’s true that your child’s eyes should be [checked regularly](https://www.aao.org/eye-health/tips-prevention/children-eye-screening), a less invasive vision screening by a pediatrician, family doctor, ophthalmologist, optometrist, orthoptist or person trained in vision assessment of preschool children, is adequate for most children. If the screening detects a problem, the child may need to see an ophthalmologist or other eye care professional. A comprehensive exam involves the use of eye drops to dilate the pupil, enabling a more thorough investigation of the overall health of the eye and visual system.

“As the kids head back to school, show them that you’ve done your homework,” said Dianna Seldomridge, MD, clinical spokesperson for the American Academy of Ophthalmology. “Educate yourself so they will have the best chance to preserve their vision for a lifetime.”

[INSERT YOUR SPOKESPERSON’S QUOTE HERE]

**About the American Academy of Ophthalmology**

The American Academy of Ophthalmology is the world’s largest association of eye physicians and surgeons. A global community of 32,000 medical doctors, we protect sight and empower lives by setting the standards for ophthalmic education and advocating for our patients and the public. We innovate to advance our profession and to ensure the delivery of the highest-quality eye care. Our EyeSmart® program provides the public with the most trusted information about eye health. For more information, visit [aao.org](http://www.aao.org/).

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