



Lions Screen Kids Sight

Consent Form for Screening for Vision Problems

An activity is being planned during which your child can receive a free vision screening at their school by Lions, if you consent. The screening consists of a photograph of your child's eyes with a camera-like vision measuring device to evaluate if they might have eye disorders. No physical contact is made with your child. No eye drops are used.

If you consent, please complete this form

I, the undersigned, hereby give permission for my child to participate in the vision screening.

I understand the following:

1. There is no charge to participate in the vision screening.
2. This vision screening is a preliminary procedure only. It does not constitute a professional diagnosis of vision problems. It can be part of a comprehensive eye care program that includes periodic eye exams.
3. I will be contacted if the screening recommends referral for professional eye care evaluation.
4. I am responsible for arranging a full eye exam with an eye care professional if the vision screening indicates my child should be referred to investigate potential eye disorders.
5. The Arizona Lions members conducting the vision screening will not be held accountable for any errors of commission, omission or misdiagnosis.

Signature of Parent or Guardian	Printed Name	Date
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Child's Name	Age	Date of Birth	Male	Female
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Home Phone	Address
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Does your child wear glasses for school work? Yes No

If yes, ***please assure*** your child wears their glasses for the vision screening.

Please return this form promptly

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