

Lions Screen Kids Sight

Vision Screening Opt-Out Form for District and Charter Schools

An activity is being planned during which your child can receive a free vision screening at their school or facility, 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. This screening will be conducted by trained Lions of Yavapai volunteers who are approved to work with children. No physical contact is made with your child. No eye drops are used.

This vision screening is mandated by Arizona Revised Statutes, Title 36, Chapter 7.2, Article 2 for district and charter school students.

This legislation also provides parents with the option to opt-out if they do not consent to the vision screening. **If you do not object, no response is necessary.** Just be sure that your child wears his or her glasses, if any, on the date of the vision screening.

If you do <u>NOT</u> consent, please check	the NO box and	complete the for	m NO	ı
I, the undersigned do not give permissio	n for my child to p	articipate in the vi	sion screer	ning.
I understand the following:				
The vision screening is free.				
 This vision screening is a prelim vision problems. It can be part of 				
 I am responsible for arranging indicates that my child should be 	•		•	•
The Arizona Lions members con of commission, omission or misd		screening will not	be held ac	countable tor any errors
Signature of Parent or Guardian	Printed Name	}		Date
Child's Name	Age	Date of Birth	Male	Female
Home Phone Address				

Please return this form promptly

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