



LIONS SEE, INC.
A PARTNER WITH KIDSIGHT USA
CONSENT FORM
FREE VISION SCREENINGS ON _____



PLEASE PRINT

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone Home: _____ Cell: _____ Work: _____

Student ID

Lions Use Only

IMPORTANT: The Lions provide free vision screening as a community service. The Vision Screener is designed to identify vision issues which may lead to amblyopia (Lazy Eye). The screening procedure is non-invasive. There is no physical contact with the child and no eye drops are administered. This screening is not a medical examination. The screening procedure may produce false negative results which may result in a referral when the child is "fine" or the procedure may not detect a vision problem a child has. A comprehensive exam by an eye doctor does not always result in an eyeglass prescription. A doctor may choose to "watch" a condition to see if it progresses. If you feel that the child has a vision problem you should have the child examined by an eye doctor regardless of the results of the screening.

The parent/guardian will be notified if the results of this vision screening indicate the child is at risk for a vision problem. As post screening follow-up, you will be contacted to determine if the child referred to an eye doctor actually received professional care. If you do not wish to be contacted please check this box:

LIONS USE ONLY

PASSED

REFERRED

I have read the above disclaimer and give permission for the Lions Club to perform this vision screening: _____

Parent/Guardian Signature

Date