



Vision Screening Consent Form

The local Lions Clubs will offer a free vision screening for preschool children. Utilizing an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary.

I, the undersigned, hereby give permission for my child _____ to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems. It should be used only as part of a comprehensive eye care program which includes periodic optometric or ophthalmological exams.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging for a complete eye exam if my child has been referred as a result of the screening test.
4. All information collected by the Lions Club will be held in strictest confidence.
5. I will not hold the Lions Club organizations, the Ohio Lions Pre-School Vision Screening Program, or the Ohio Lions accountable for any errors of commission, omission or misdiagnosis.

Signature of Parent or Guardian	Date
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***** Please Print *****

Child's Full Name _____ Male _____ Female _____

Child's Date of Birth _____ Child's Age _____

Parent or Guardian's Full Name _____

Is the child currently under the care of an eye doctor? Yes _____ No _____