



# CONNECTICUT LIONS EYE RESEARCH FOUNDATION

## LIONS EYE HEALTH PROGRAM

### VISION SCREENING CONSENT FORM

On \_\_\_\_\_ the local Lions Club in your community will conduct a free vision screening for all children in your child's pre-school/day care facility: \_\_\_\_\_ The screening equipment being used may determine the presence of eye disorders including far and near sightedness, astigmatism, anisometropia, strabismus and anisocoria. The screening is done by a photographic process from a distance of three feet. No physical contact is made with the child and no eye drops are administered.

I, the undersigned, hereby give permission for my child, \_\_\_\_\_, to participate in the screening. 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.
2. There is no charge to participate in the vision screening process.
3. The results of my child's individual screening will be provided to me by the pre-school/day care facility (mentioned above). Results will also be kept on file by the Lions Eye Health Program including your child's name and date of birth.
4. Should the screening indicate any abnormality, a complete eye examination and any follow-up care is my responsibility.
5. If referred, I authorize my child's eye care professional to release the results of my child's eye exam to the pre-school/day care facility and to the Lions Eye Health Program.
6. I will not hold the Lions Club organizations, the Connecticut Lions Eye Research Foundation, The Lions Eye Health Program or the pre-school/day care facility accountable for any errors of commission, omission, or any other misdiagnosis.

\_\_\_\_\_  
Signature of parent or guardian Date

#### PLEASE PRINT

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Please Circle 'Date of Birth'

Month	1 January	2 February	3 March	4 April	5 May	6 June				
	7 July	8 August	9 September	10 October	11 November	12 December				
Day:	1	2	3	4	5	6	7	8	9	10
	11	12	13	14	15	16	17	18	19	20
	21	22	23	24	25	26	27	28	29	30
Year	2014	2013	2012	2011	2010	2009	2008	2007	Other: _____	

Parent or Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)