

MEMORANDUM OF UNDERSTANDING:

Between the (Lions Club) _____ operating under
The Connecticut Lions Eye Research Foundation, Lions Eye Health Program, and the
(Child Care Facility) _____
to perform an Eye Screening for children registered at the facility on or about
(Date) _____

The Lions Club will perform the screening using the PediaVision Spot VS100 Vision Screener and will provide printed documentation of the results of each individual screening to the facility. The Lions Club will also provide blank consent forms and referral letters.

The Child Care Facility will distribute consent forms to all parents and insure that signed forms are on hand prior to the screening. The Child Care Facility will distribute all individual screening results and referral information to the parents and will be responsible for all follow-up of referrals.

The Child Care Facility also will insure that a member of their staff will be present in the screening room whenever children are being screened.

Signed:

(For the Lions Club)
(Date) _____

(For the facility)
(Date) _____