



# VOICES of Lions 1-A

[voices1a.org](http://voices1a.org)



## *Saving Kids Sight Consent Form*

Date of Screening \_\_\_\_/\_\_\_\_/\_\_\_\_ Sponsored by, \_\_\_\_\_ Lions Club

Location of Testing \_\_\_\_\_

Eye Screening Host \_\_\_\_\_

Your local Lions Club in conjunction with the Eye Screening Host above will offer free vision screening for children aged 6-months to 6-years old. The screening uses state-of-the-art technology and is 85-90% effective in detecting the vision problems. No physical contact is made with your child and no eye drops or medications are used. Participation is voluntary. Children who are younger than 6-months old or over 6 years old will not be screened. No child will be screened without a signed and completed consent form. Each individual child needs his/her own consent form. Please print or type the information below:

**Child's Name** \_\_\_\_\_  
First Middle Initial Last

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Child's Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Child's Age** \_\_\_\_\_

**Parent or Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **E-mail address** \_\_\_\_\_

### CONSENT

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

- The information obtained from this vision screening is preliminary only and does not constitute a diagnosis of vision problems. Not all vision problems are detected by the vision screening process.
- I understand that if my child does not pass the eye screening, I am responsible for arranging for an eye exam with an eye doctor of my choice. I understand that I am responsible for all costs of any eye exams.
- I will not hold the Lions organization, VOICES of Lions 1-A, Saving Kids Sight, their employees, agents, officers, and representatives liable for errors of commission, errors of omission or other inaccuracies of the reported screening results.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE