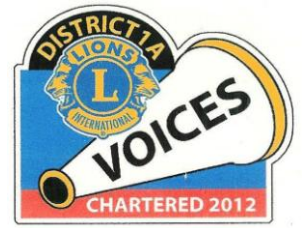




VOICES

Saving Kids Sight Screening Results Form



Name of child _____

Location of screening _____

Date of Screening _____

Dear Parent or Guardian, _____

Thank you for allowing your child to take part in the Lions Saving Kids Sight Eye Screening Program.

The results attached to this form indicate that your child did not pass the screening criteria.

Although this is only a screening, not a full eye exam, it is recommended that you have your child's eyes examined by an eye care professional as soon as possible, and that you take the results attached to this form with you to the exam.