



VOICES of Lions 1-A

<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.

Early detection is the key to correcting many vision problems.

If the screening results in a REFER or No Read result, you will be contacted in a few weeks by the Eye Screening Host to determine if your child did receive professional care or needs further assistance.

I do not wish to receive follow up contact. **I do not want photos taken of my child.**

SIGNATURE OF PARENT OR GUARDIAN

DATE

TEST RESULTS _____ PASS _____ NO READ _____ REFER