



Community Eye Screening For Children

New Hampshire Lions MD 44

Made possible by a Grant from Lions Club International Foundation

Consent Form to Screen for Vision Disorders

_____ A free vision screening will be offered to your child. The screening consists of an instant scan of your child's eyes to determine the possible presence of eye disorders. No physical contact is made with your child and eye drops are not necessary. The child simply looks at some blinking lights for a few seconds. Visit www.welchallyn.com online to learn about the **Spot Vision Screener**.

I, the undersigned, hereby give permission for my child to participate in the Lions screening event. I understand the following:

1. The Vision Screening is Free of charge.
2. I will be sent a printed summary of the results.
3. The information obtained from the Vision Screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems.
4. I understand that I am responsible for arranging for a full eye exam with an eye care professional, if my child is **Referred**, as a result of the Vision Screening.
5. I understand that the organization conducting the Screening will not be held accountable for any errors of commission, omission or misdiagnosis.
6. If your child wears glasses or contacts, they should wear them the day of the eye screening. Please check the appropriate boxes below for Gender and Glasses or Contacts.

☐ **By placing an X in the Box and signing below, I am opting out of Vision Screening for my child.**

Child's Name		Date of Birth	Age
Signature of Parent or Guardian		Print Name	Date
Address			Telephone
Male	Female	Glasses	Contacts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>