



School Name & Lions Club

Site Contact Name & Telephone

Site Contact e-mail

Consent Form to Screen for Vision Disorders

On _____ A free vision screening will be offered to your child.
Screening Date

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 <https://www.hillrom.com/en/products/spot-vision-screener/> 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".**

Signature of Parent or Guardian

Print Your Name

Today's Date

Print Child's Name

Child's Date of Birth

Age

Address

Home or Cell Phone

Check the appropriate Boxes

Child's Gender

Male

☐

Female

☐

Glasses

☐

Contacts

☐