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Lions kidsight USA
Community Eye Screening For Children

Consent Form for Screening for Vision Problems

On **(Dates(s))**, a free vision screening will be offered to your child. The test consists of either or both of the following – instant photographs of your child's eyes to determine the presence of eye disorders or the reading of an eye chart and testing with a stereoscopic ("3D") picture. No physical contact is made with your child and eye drops are not necessary.

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

1. There is no charge to participate in the vision screening process.
2. I will be contacted by the facility with the results.
3. The information obtained from this vision screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care program that includes periodic eye exams.
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 test.
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission or misdiagnosis.

Signature of Parent or Guardian **Printed Name** **Date**

Child's Name (Please Print) **Home Phone**

Date of Birth **Age** **Address**

Male ☐ Female ☐

Please return this form promptly (usually to the school attended)