



Rhode Island Lions Sight Foundation, Inc.

_____ Lions Club Vision Screening Consent Form

Dear Parent/Guardian,

On ___/___/___ a free vision screening by the _____ Lions Club will be offered to your child. The screening consists of an instant electronic scan of your child's eyes to determine the presence of six eye disorders. This scan takes approximately one second. No physical contact is made with your child, and no eye drops are used.

By completing and signing the permission slip below you agree to have your child participate in this screening event. You also understand the following:

1. There is no charge to participate in the vision screening process.
2. You will be notified with the results.
3. The information from this vision screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should only be considered to be a part of a comprehensive eye-care program that includes periodic exams by an eye care professional.
4. You understand that you are responsible for arranging for a full eye exam with _____ an eye care professional if your child is referred as a result of this vision _____ screening test.
5. You agree to hold the _____ Lions Club harmless and free of any liability for screening your child and informing you that either follow-up or no follow-up exam is required.
6. If no consent form is received, your child will not be screened by the _____ Lions Club

(Please Circle One)

YES NO I give permission to have an automated vision screening performed on my child by the _____ Lions Club at no cost to me.

YES NO I will seek vision care from an eye care specialist independently.

YES NO If your child is referred will you share the results of your child's follow-up eye exam _____ with either the health dept/school district or the Lions Club providing the screening?

M F / /

First & Last Name of Child – please print

Gender (circle one)

Date of Birth
(mm/dd/yyyy)

Parent/Guardian – please print

Relationship to child

Parent/Guardian Signature

Date

Please return Slip by ___/___/___ to your child's Teacher