



Consent Form

Is this child currently under the care and treatment of an eye doctor?

No Yes, eye doctor/clinic _____ City _____

If yes, the screening is not necessary and may not be conducted in order to use our limited resources for children whose vision problems have not been identified.

Free vision screening is offered to children by a local Lions Club. Screenings are in conjunction with Lions KidSight USA, Lions Clubs International and The Georgia Lions Lighthouse Foundation, Inc. Vision screening produces images of a child's eyes to determine the presence of eye disorders including far- and near-sightedness, astigmatism, anisometropia (unequal refractive power), strabismus, (misaligned eyes), and media opacities (e.g., cataracts). No physical contact is made with a child and no eye drops are used during the vision screening. Depending on the equipment used, this screening is approximately 85-90% effective in detecting problems that can cause reduced vision.

Participation is voluntary. This screening is designed for pre-school-aged children. Children who are younger than 6-months 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

Last

Initials

Male _____ Female _____ Child's Date of Birth _____ / _____ / _____ Child's Age _____
(MM/DD/YYYY)

Parent's Name _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail address _____

Circle One:

Race: African-American Caucasian Asian Hispanic American Indian Multiple
Race

Family: Both Parents in house One Parent in house No Parent In House

Income: Both Parents employed One Parent Employed Unemployed Disabled

Screening Site _____

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

1. The information obtained from this screening is preliminary only and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the screening event.
3. I will be contacted with the results of the screening through my child's care provider who aided in arranging the screening. I may be contacted by telephone regarding follow-up for vision referral by KidSight USA staff at The Georgia Lions Lighthouse Foundation.
4. I am responsible for arranging a full eye examination with a doctor of my choosing if my child has been referred as a result of the vision screening. KidSight USA recommends a dilated eye examination.
5. The results of your child's eye examination will be shared with KidSight USA as a means to help evaluate the screening program's effectiveness.
6. KidSight USA will maintain the confidentiality of all records and results.
7. I will not hold the Lions Club and its volunteers, Lions Clubs organizations, The Georgia Lions Lighthouse Foundation, or affiliates, accountable for any errors of commission, omission or other misdiagnosis. There are no foreseeable risks to participating in the KidSight USA vision screening.

Signature of Parent or Guardian

Date