



GEORGIA LIONS  
**Lighthouse  
Foundation**

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# Public School Vision Screening Packet

This packet is designed to provide guidance for schools requesting vision screenings for students.

*Please refer only to this packet and disregard any forms or applications you may have prior to January 2023. They are no longer being utilized.*

## **Our Mission**

Georgia Lions Lighthouse Foundation provides vision services through education, detection, prevention, and treatment. Through collaborative partnerships we enable greater independence and increased quality of life for Georgians in financial need.



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**You have received this packet because Georgia Lions Lighthouse Foundation will be collaborating with your local school to provide a Vision Examination for your school. The following information is designed to provide you with basic information to explain the difference between a vision screening and eye exam/mobile vision clinic. Also, you will understand the process and needs for the Vision Screening Day at your school.**

## **VISION SCREENING:**

A digital screener is utilized to scan participants' pupils and give a reading within 30-45 seconds. It is non-invasive and enables us to screen many children quickly and efficiently. Our digital screeners are about the size of a camera and accurately detect the potential for these common conditions found in children:

- Myopia (nearsightedness)
- Hyperopia (farsightedness)
- Astigmatism (blurred vision)
- Anisometropia (unequal refractive power)
- Strabismus (eye misalignment)
- Anisocoria (unequal pupil size)
- Gaze

A vision screening will need only a small area or room where the ambient lighting can be adjusted. Usually, any classroom is acceptable. We have learned that it is best to start at 8:30 a.m. and go up until noon, if necessary, but we are flexible to your needs. With good organization and planning, we can screen between 300-400 students within four hours.

## **EYE EXAM/MOBILE CLINIC:**

**A vision screening does not replace an eye exam.** If a vision risk factor is indicated, we recommend an eye exam be provided by a licensed eye care professional. Following a vision screening, The Georgia Lions Lighthouse Foundation can offer eye exams, glasses, and surgical services. If indicated, we can discuss with you the possibility of a mobile vision clinic visiting your school.



## STEPS FOR SETTING UP A VISION SCREENING

1. After the initial schedule confirmation, the Georgia Lions Lighthouse Foundation will work with the point of contact to get the following information:
  - The number of students being screened, and
  - Completed returned consent forms.
2. We will begin at 9 a.m.
3. On the date scheduled for the follow-up clinic, your facility will need to provide the following:
  - We strongly encourage you to have a school liaison (*nurse, teachers, paraprofessionals, etc.*) available throughout the day to assist with student monitoring and flow of classrooms. (The Georgia Lions Lighthouse Foundation staff will not be responsible for student behavior management.)
  - We will leave all areas used in the same condition in which we found it.
4. In preparation for the day of the clinic, the following items should be completed:
  - A signed **Parent Consent and Release Form** for the screening. This can be given to The Georgia Lions Lighthouse Foundation team member the day of the clinic. (See **page 3**)
  - A completed and signed **Patient Waiver form**. Parents should complete and return to the POC to be given to the Georgia Lions Lighthouse Foundation team member. (See **page 4**)
5. Once the screening has been completed, The Georgia Lions Lighthouse Foundation team will do the following:
  - Provide a summary of results from the screening within 72 hours.
  - Provide additional details for students who are referred.

Please make copies of the following information to be given to parents for completion from the appendices.

For additional information or questions please contact  
**Fran Schefer at [fschefer@lionslighthouse.org](mailto:fschefer@lionslighthouse.org)**  
**or Nanon Morrison at [nmorrison@lionslighthouse.org](mailto:nmorrison@lionslighthouse.org)**



# Vision Screening Consent Form

On \_\_\_\_\_ there will be a free vision screening at this school, provided by the \_\_\_\_\_ in partnership with Georgia Lions Lighthouse Foundation. The purpose is to determine whether your child needs an eye exam. The screening is non-invasive, and no physical contact is made with the child.

**\*\*\*IMPORTANT\*\*\***

**If your child has photo sensitive epilepsy, they will not be screened!**

**THIS WILL BE A SCREENING ONLY  
THIS IS NOT A SUBSTITUTE FOR AN EYE EXAM**

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

I give permission for my child to be screened:	YES	or	NO
My child has photo sensitive epilepsy:	YES	or	NO
My child wears prescription eyeglasses:	YES	or	NO

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Staff use only – do not write below this line.  
.....

## Screening Results

An Exam is recommended: **YES** or **NO**

This is not a substitute for an eye exam. If an exam is recommended, please visit your local eye care professional as soon as possible.

If your child does not have access to vision care (Medicaid, Peachcare), please visit our website at [www.lionslighthouse.org](http://www.lionslighthouse.org) or call **Monday through Friday 9:00 a.m. – 4:00 p.m. at 404-325-3630** to learn how we may be able to be a resource to you.



## Applicant/Parent Guardian MUST Read and Sign These Statements:

"I fully understand the Georgia Lions Lighthouse Foundation services are limited to persons unable to pay for, or receive from other sources, this assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that the Lighthouse will not pay for any vision care expenses billed to me prior to the approval of this application. I also understand my application may be reviewed by a Lions Club, medical professionals, and/or the Georgia Lions Lighthouse Foundation staff. In addition, I hereby give permission for my medical records to be released to the Lions Club, the Georgia Lions Lighthouse Foundation, and to any eye specialist, hospital, medical professional, or agency involved with my vision care."

\_\_\_\_\_  
Signature of Applicant (or parent if applicant is child)

\_\_\_\_\_  
Witness (if applicant signs with an "X")

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ [Child] grant **Georgia Lions Lighthouse  
Foundation** my permission to use the photographs taken during the vision  
screening and follow-up clinic for any legal use, including but not limited to:  
publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Formulario de Consentimiento para Exámenes de la Vista

En \_\_\_\_\_ habrá una evaluación de la vista gratuita en esta escuela, proporcionada por \_\_\_\_\_ en asociación con la fundación Georgia Lions Lighthouse Foundation. El propósito es determinar si su hijo necesita un examen de la vista. El examen no es invasivo y no se realiza contacto físico con el niño.

**\*\*\*IMPORTANTE\*\*\***

**Si su hijo tiene epilepsia fotosensible, ino será examinado!**

**ESTA SERÁ SOLO UNA PROYECCIÓN  
ESTO NO ES UN SUSTITUTO DE UN EXAMEN DE LA VISTA**

Nombre del Niño: \_\_\_\_\_

Nombre del Maestro: \_\_\_\_\_

Doy permiso para que mi hijo sea examinado:  Sí  No

Mi hijo tiene epilepsia fotosensible:  Sí  No

Mi hijo usa anteojos recetados:  Sí  No

Firma de los Padres: \_\_\_\_\_ Fecha: \_\_\_\_\_

For Staff use only – do not write below this line.

### **Screening Results**

An Exam is recommended: **YES** or **NO**

This is not a substitute for an eye exam. If an exam is recommended, please visit your local eye care professional as soon as possible.

If your child does not have access to vision care (Medicaid, Peachcare), please visit our website at [www.lionslighthouse.org](http://www.lionslighthouse.org) or call **Monday through Friday 9:00 a.m. – 4:00 p.m. at 404-325-3630** to learn how we may be able to be a resource to you.