This box to be completed by Lions

ID # _____

Vision OK _____

Refer to Eye Doctor _____

LIONS VISION SCREENING CONSENT FORM

Lions District 1-CN and the Lions Club in your community/area are offering a free vision screening for your child. The SPOT scanner is a camera like technology that quickly screens for the potential for several of the most common childhood vision issues: Lazy eye, nearsightedness, farsightedness, astigmatism, unequal pupil size, unequal refractive power, eye misalignment. No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90% effective. Certain eye disorders are not detectable by this screening. If you have any concerns regarding your child's vision, you should consult an eye doctor.

This screening will be conducted by Lions of District 1-CN and the Central City Lioness Club on Friday, March 22, 2019 at Central City Elementary School. If you have any questions, please call Lion Barbara Taylor, District 1-CN Vision Coordinator at 618-567-3145.

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

A. There is no charge for my child to participate in the vision screening.
B. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
C. I will be contacted by the Lions and/or the screening site's health care coordinator with my child's screening results.
D. I understand that I am responsible for arranging for a full eye exam if my child has been referred as a result of the vision screening.
E. I will not hold the Lions/Lioness Club accountable for any errors of commission, omission or other misdiagnosis.

Please print the following information:

Child's Name _____
First Middle Last

Child's Age _____ Child's Date of Birth _____ Male ____ Female ____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Other Phone # _____

Parent or Guardian's Name _____

Signature of Parent/Guardian _____ Date _____