



New Lenox/Frankfort Lions Clubs Kidsight Vision Screening

Consent of Parent

The Lions Clubs in your community in conjunction with the Lions Club International Foundation will offer free vision screening to your child. The screening will provide a digital reading of your child’s eyes. No physical contact is made with your child, and eye drops are not necessary. Results will be made available at the time of the screening. A child currently under vision treatment need not be screened.

I, the undersigned, hereby give permission for my child, named below, to participate in the vision screening process. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child, has been referred as a result of the vision screening.
4. I will not hold the Lions Clubs accountable for any errors of commission, omission or other misdiagnosis.

Please Print Clearly

Child’s First & Last Name _____ **Birthdate** ____/____/____

Parent’s Signature _____ **Phone No.** ____-____-____

The results of this screening are given to the teacher, or the parent. The results may indicate that the child should visit a qualified eye specialist to receive a diagnosis.

Thank you for participating in our screening.

Lions ID# _____

Lions initials _____

PASS

**The screening indicates
no problem**

If a REFER paste result printout here

REFER
**The results indicate a visit to a
qualified eye specialist**