



WELCOME TO Insert Lions Club Name LIONS CLUB

And Lions Clubs International, 'Kids Sight Program'

Saving Sight for Millions of People Around the World

In 1925, Helen Keller challenged Lions Members to become "knights of the blind in the crusade against darkness" and we accepted. Today, sight programs remain one of Lions defining causes.

For over 102 years, Lions members have worked on projects designed to prevent blindness, restore eyesight and improve eye health and eye care for hundreds of millions of people worldwide. Lion volunteers take part in sight projects.

Our District, 4C-4, is utilizing both the "Spot" and "Plus Optix" Vision Devices in testing for possible vision difficulties.

Both Vision Devices utilize an infrared camera that combines auto-refraction and video-retinoscopy. From one meter (just over a yard) away, the cameras are used to take a digital photograph. The information acquired is used to automatically assess an individual's vision in as little as five seconds.

The measuring principle is based on photo-retinoscopy. Infrared light is projected through the pupils onto the retina. Depending on the refractive error, the reflected light forms a specific brightness pattern within the pupil.

What we screen for?

The Spot and Plus Optix screen for the following refractive errors along with gaze analysis:

- **Astigmatism:** irregularly shaped corneas or lenses
- **Myopia:** nearsightedness
- **Hyperopia:** farsightedness
- **Anisometropia:** differences between the two eyes
- **Strabismus:** misalignment of the eyes
- **Amblyopia:** lazy eye
- **Anisocoria:** pupil size anomalies



DISTRICT 4C4 POLICIES FOR VISION SCREENING

The Lions Club Vision Screening Program is part of a District and Worldwide Program. The goal of this program is to identify risk factors that can impair learning and possibly cause blindness, if left untreated. Our Lions Clubs core belief is that if there are social concerns in communities, we will step up to the challenge to address those concerns. Their service projects cut across all national, racial and cultural boundaries. Lions truly are "Knights of the Blind".

The _____ Lions Club

Enter name of Lions Club

- 1** Ensure that all participating Lion's Club Members be trained in the use of the equipment being utilized to conduct vision screenings.
- 2** Conduct vision screenings as an in-kind donation for all students enrolled in pre- school through 12th grade, including Special Ed classes in all public, private, and chartered schools within our district as requested by school Nurse/ Representative.
- 3** Provide all necessary equipment and trained personnel to conduct vision screenings.
- 4** Provide visual screenings at appointed sites. Lions will provide their own transportation to the site.
- 5** Follow the visitor Sign in/out policies and procedures. All visitors will wear the schools or facilities identifying sticker to be issued by agent.
- 6** Conduct the screenings at the designated times and dates as per the schedule developed by both parties.
- 7** Submit the vision screening results to an Appointed Representative at each site, for the referred individuals, at the time of completion. Pass or Refer will forms will be distributed by your Representatives.
- 8** Maintain effective communication with the Nurse and or Representative.
- 9** Inform the school Nurse/Representative at each site of necessary facilities (i.e. screening room, staff member present, etc.)
- 10.** Ensure that the nurse/representative has access to the records/referrals prior to deleting the records from the equipment.
- 11.** Support families with identified exam and treatment needs when private insurance or Medicaid is not available depending on availability.
- 12.** Review and/or revise these policies on an annual basis.

SCHOOLS AND (OR) FACILITIES/REPRESENTATIVE

1. Inform screeners of any children whose parents want them to be screened.
2. Provide screeners with permission slips for each child signed by the child's Parent or Guardian, or an all-encompassing permission slip signed by the school Principal.
3. Children without signed permission slips will not be screened.
4. Notify the Principal and office staff at each site of Lions members' purpose for this Lions Visit.
5. Provide an appropriate space for screenings to be conducted.
6. Provide a staff member to accompany children during screenings
7. Inform the parents of all referred children that their child may have a vision problem and needs to have a full eye exam by an eye care professional.
8. Ensure that the complete, screening results are at their disposal prior to the Lions leaving the facility.
9. Maintain good communication with the designated representative from the Lions club.

Name:

Title:

Date:

Name:

Title:

Date:

HIPAA

HIPAA -- HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

HIPAA is a federal law that establishes the basic privacy protections to which all U.S. patients are entitled.

HIPAA requires that you keep patient/personal health information, in any form (e.g., written, oral and electronic), private and secure, health information is legally privileged.

You are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents, is strictly prohibited by law.



CONSENT FORM

PERMITTING SCREENING FOR POSSIBLE VISION DIFFICULTIES

On, _____, a free vision screening will be offered to your child.
Date of screening

The test consists of instant screening of your child's eyes to determine whether, or not, the presence of eye disorders exist. No physical contact is made with your child and eye drops will not be used.

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

1. There is no charge to participate in the vision screening process.
2. I will be contacted with the results.
3. The information obtained from this vision screening is to be considered a **preliminary procedure only** and **does not constitute a diagnosis of vision problems**. It should be part of a comprehensive eye care program that includes regular periodic eye exams by an eye professional.
4. **I understand that I am responsible for arranging for a full eye exam with an eye care professional if my child is referred as a result of the vision screening test.**
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission or misdiagnosis.

Signature of Parent or Guardian:

Printed Name:

Date: _____

Child's Name: _____ Home Phone: _____

Age: _____ Male ___ or Female ____

Please return this form promptly (usually to the school attended)



VISION SCREENING RESULT

Dear Parent,

Your child, _____, was screened today for possible
Name of Child
vision difficulties by trained volunteers from the Lions Club.

No serious vision problems were detected, but it is important to realize this screening **does not replace the need for a professional eye examination**.

Lions Clubs and other organizations such as *Prevent Blindness Northern California* recommend vision screenings and professional eye examinations as part of regular health examinations for children.

If you have any questions about this screening, or assistance for your child please feel free to call:

Name of Lions Club

and

Name of Contact Person

Sincerely,

Volunteers from the _____ Club
Name of Lions Club

PASS



District Vision Screening Report

Date of Screening: _____

Location of Screening: _____

1. Number of those Scanned: _____
2. TOTAL NUMBER REFERED: _____
3. Number of Lions: _____ Number of Volunteers: _____
4. TOTAL WORK HOURS: _____

SUBMITTED by: _____ EMAIL: _____

EMAIL TO:

Your Club Program Chair

Program Chair Email: _____



CONSENT FORM PERMITTING SCREENING FOR POSSIBLE VISION DIFFICULTIES

On, _____, a free vision screening will be offered for all the children in your school.
Date of Screening

The test consists of instant screening of each child's eyes to determine whether or not the presence of eye potential disorders. No physical contact is made with a child and eye drops will not be used.

I, the undersigned, hereby give permission for all Children in this school, _____, to participate in the screening event.
Insert Facility Name

I understand the following:

1. There is no charge to participate in the vision screening process.
2. You will be given the test results after the screening is completed.
3. The information obtained from this vision screening is to be considered a **preliminary procedure only** and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care program that includes regular periodic eye exams.
4. I understand that I am responsible for each **Childs Exam Result** being mailed to the **Parent or Legal Guardian** of each child screened on the date of the vision screening
5. Arranging for full eye exams or other eye care, with an eye care professional, if any child is referred because of the vision screening provided remains with the Parent or Guardian of each child.
6. I understand that the Lions Club conducting the screening will not be held accountable for any errors of commission, omission or misdiagnosis as well as being **Indemnified by the school, School District or facility.**

Signature of Dully Authorized Person or School Principal:

Name of Facility: _____

Signature: _____ Print Name: _____

Date: _____

Please sign and promptly return to your child's school or facility!