



# SCREENING CONSENT FORM

## Kids Sight Program

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 they may have potential eye 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, \_\_\_\_\_  
School or Facility to participate in the screening event. Enter name of

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 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 organization conducting the screening, \_\_\_\_\_,  
Enter name of Lions Club will not be held accountable for any errors of commission, omission or misdiagnosis as well as being **Indemnified by the**, \_\_\_\_\_.  
Enter name of School or Facility

Signature of Principal or Representative: \_\_\_\_\_

Print Name of Principal or Representative: \_\_\_\_\_

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

Please sign and promptly return to your School Facilities Repersentive.