



# KidSight PLUS



@tennesseelionscharities

## Consent of Parent/Guardian

The Lions Clubs in your community in partnership with Tennessee Lions Charities, Inc. are offering free vision screenings to your child as part of TLC’s KidSight**Plus** program. 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 attached to this form and returned to you.

**I, the undersigned, hereby give permission for my child, named below, to participate in the KidSight**Plus** screening event.** 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 either the local Lions Club or Tennessee Lions Charities, Inc. accountable for any errors of commission, omission or other misdiagnosis.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PLEASE PRINT**

Student’s Name \_\_\_\_\_

Does your child already wear glasses or see an eyecare professional?    Yes    No

## Results

**Attach Results  
Label Here**

*If you have questions about a referral result, please contact Tennessee Lions Charities.  
Phone: (615) 690-8644 ext. 222    Email: [kidsightplus@tnlions.com](mailto:kidsightplus@tnlions.com)*