



Attach Instrument
Printout Here

Consent of Parent/Guardian

The Lions Clubs in your community, in conjunction with the Tennessee Lions Charities, Inc., 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 unnecessary. Results will be returned to the screening site where they will be available to you within two weeks.

I, the undersigned, give permission for my child, named below, to participate in the 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 an eye exam if my child has been referred through the KidSight vision screening. **I give permission for my doctor to share the evaluation results with Tennessee Lions Charities and Vanderbilt University.**
4. I understand and give my permission to be contacted by Tennessee Lions Charities' follow-up coordinator if my child is referred. *(Parents/Guardians of referred children are encouraged to inform the follow-up coordinator [see below for number] of professional exam dates or exam results before the follow-up process begins.)*
5. I will not hold the Lions Club volunteers, Tennessee Lions Charities, or Vanderbilt University accountable for any errors of commission, omission, or other misdiagnosis.

Signature of Parent or Guardian

Date

PLEASE PRINT

Child's Name _____ Child's Date of Birth _____ Age _____
 First Middle Last

Address _____ City and Zip: _____

Phone: (____) _____ E-Mail: _____

Is your child already wearing glasses or receiving treatment prescribed by an eye care professional? Yes No

A child currently wearing glasses should not be screened.

Results

___ **Pass** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete exam. Consult your eye care professional if you suspect a vision problem.

___ **Refer** Your child should be examined because he or she may have a condition that has the potential to cause poor vision in one or both eyes.

___ **Unreadable** Re-screen in one year, or see an eye doctor sooner if you suspect a problem.

___ **C. U. T.** Based on your answer above, an indication from the school, or a note from a Lions Club screening volunteer, your child is Currently Under Treatment and should continue that prescribed treatment.

If you have any questions about the screening process or wish to inform our coordinator of a referred child's exam date or exam results, please call the KidSight Outreach offices at (615) 690-8644 ext. 222 or visit our website www.tennesseelionscharities.org/ksoparentquestions.

To learn more about KidSight, visit our website to read our free children's book!

www.TennesseeLionsCharities.org/RosiesKidSightStory

www.TennesseeLionsCharities.org



**ROSIE'S
KIDSIGHT
STORY**

