

Carlos Lions KIDSIGHT Vision Screening Consent Form

Screening Location _____ Date of Screening _____

Vision screening produces images of a child's eye(s) to determine the presence of eye disorders including (but not limited to)... far-sightedness, near-sightedness, astigmatism, anisometropia (unequal refractive power), strabismus, (misaligned eyes), and media opacities (e.g., cataracts).

Participation is voluntary.

Children who are younger than 6-months old will not be screened. No child (under age 18) will be screened without a completed and signed consent form. Each individual child (under age 18) needs his/her own signed consent form.

If you have questions, comments or concerns, please send an email to lionsofcarlos@outlook.com indicating your question, comment or concern or call the Carlos Lions Club at 320.852.6958.

By signing this form, I acknowledge that I understand the following regarding this program:

1. Volunteers from the Carlos Lions Club (and/or volunteers from Lions Club International) will perform the screening.
2. The information obtained from this screening is **preliminary only** and does **not** constitute a diagnosis of vision problems. It is NOT a replacement for professional eye exams by an Eye Care Professional.
3. The screening DOES provide an indication that a professional eye exam may be required.
4. There is no charge to participate in the screening event.
5. I am responsible for arranging a full eye examination with a doctor of my choosing if my child has been referred as a result of the vision screening.
6. All information and recommendations will remain confidential.
7. No physical contact is made with a child and no eye drops are used during the vision screening. The screening is performed from a distance of about three feet.
8. This screening is approximately 85-90% effective in detecting problems that can cause reduced vision.
9. I will not hold the Carlos Lions Club and its volunteers and/or Lions Clubs organizations, accountable for any errors of commission, omission or other misdiagnosis.
10. There are no foreseeable risks to participating in the vision screening.

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

Child's Name _____

Child's Date of Birth (DOB) _____ (MM/DD/YYYY format)

Parent or Legal Guardian's Printed Name _____

Parent or Legal Guardian's Phone Number _____

Signature of Parent or Guardian

Date