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**LIONS KIDSIGHT USA**

**SCREENING PERMISSION FORM**

*On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2018 the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lions Club in your community will conduct a free screening for all children in your child’s pre-school/day care facility. The screening equipment being used may determine the presence of eye disorders including far and near sightedness, astigmatism, anisometropia, strabismus, and anisocoria. The screening is done by a photographic process from a distance of three feet. No physical contact is made with the child and no eye drops are administered. All information is kept confidential and is not sold nor shared with any other facility except the South Jersey Eye Center – HIPAA compliant.*

I, the undersigned, hereby give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the screening, I understand the following regarding this program:

1. **The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems. Not all vision problems will be detected by the vision screening.**
2. **There is no charge to participate in the vision screening process.**
3. **The results of the eye screening will be provided to the school nurse or a staff member of my child’s daycare or nursery school. It is the responsibility of that person to get the results to me.**
4. **Should the screening indicate any abnormality, a complete eye examination and any follow-up care is my responsibility.**
5. **I will not hold the Lions Club organizations, the South Jersey Eye Center, or the administering facility accountable for any errors of commission, omission, or any other misdiagnosis.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

**PLEASE PRINT**

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_Male \_\_\_\_ Female \_\_\_\_

**Please Circle “Date of Birth”**

**Month**

01 January 02 February 03 March 04 April 05 May 06 June

07 July 08 August 09 September 10 October 11 November 12 December

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

**Day**

2018 2017 2016 2015 2014 2013 2012

**Year**

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Revised 08/2018 