

# Consent Form

On (insert date), the (insert name of your club) LIONS CLUB will offer a free vision screening for your child. The test provides instant photographs of your child's eyes to determine the presence of eye disorders including far and near sightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). NO physical contact is made with your child and eye drops are NOT necessary.

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

I understand the following:

1. There is no charge to participate in the vision screening process.
2. I will be contacted with the results.
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 which includes periodic optometric/ophthalmological exams.
4. I understand that I am responsible for arranging for a full eye exam with an eyecare professional, if my child has been referred as a result of the vision screening test.
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission or other misdiagnosis.



ordinary people  
amazing things

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

\_\_\_\_\_  
Date

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Complete the following information

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's or Guardian's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

Male

Female

\_\_\_\_\_  
Phone Number