



Mt Peasant Lions Club

Consent Form for Screening for Vision Problems

On _____ a free vision screening will be offered to your child. The test consists of either or both of the following – instant photographs of your child’s eyes to determine the presence of eye disorders or the reading of an eye chart and testing with a stereoscopic (“3D”) picture. 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 that includes periodic eye exams.
4. I understand that I am responsible for arranging for a full eye exam with an eye care professional if my child is 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 misdiagnosis.

Signature of Parent or Guardian

Printed Name

Date

Child’s Name

Home Phone

Date of Birth

Age

Address

Male

Female

Please return this form promptly (usually to the school attended)

