

CONSENT FORM FOR VISION SCREENING

Dear Parents or Guardian:			
A free vision screening will be of, in		L	ions Club to your child on
The vision screening is done by the eye disorders in children beginning from 6 yards away and no physical contact is made v	months of age. The Spot of		
If your child's results indicate a porreferral form will be sent home. <u>Please not treatment; it does, however, mean that he/healthy and get a good start in life.</u> The soon	ote that a referral does n she should be checked by	ot mean that y a professional	your child needs glasses or . We want your child to be
I, the undersigned, hereby give per to participate in the vision screening event. 1. There is no charge to participate. 2. I will be contacted with the rest and does not constitute a diagrate. 4. I understand that I am responsible child is referred as a result of the standard and further agree to agents, servants, employees, and causes of action arising from any the servants. 6. This vision screening is not as the standard may be photographed page illustrations (Initial contents).	nt. I understand the followite in the vision screening sults; his vision screening is to be nosis of vision problems; the for arranging for a full eyes the vision screening test; Waive, Release, and hold he all volunteers from any and screening or services giver substitute for a professional for the Lions KidSight Pro	wing: process; e considered a e exam with an armless the Lion all liability, da n. al eye examina	eye care professional if my ns of District 2-A2, its amages, claims, losses and ation.
XSignature of Parent or Guardian	Printe	ed Name	Date
-			()
Address	City State	Zip	Phone No.
Please Print:			For Screener Use Only:
			Pass
Child's Name	Date	e of Birth	Refer
Age Mal	le Female		