



In Partnership with the Lions of Florida, the Bahamas, Aruba, Bonaire & Curacao



7120 NW 11th Place
Gainesville, FL 32605

Consent Form

(Note: Screening is not necessary if your child is currently under the care of an eye doctor.)

Dear Parent/Guardian:

Free vision screening will be offered to your child by your local Lions Club in association with the Florida KidSight Foundation. The screening is performed by use of a photo-screener that takes a picture of your child’s eyes and digitally determines if a potential eye problem that causes amblyopia (lazy eye that may lead to blindness) exist. No physical contact is made with you child and eye drops are not used.

1. Information (Please print)

Child’s Name: _____ Date of Birth: _____

Gender (Circle): Male or Female Parent Email Address: _____

Physical Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

My Child Currently Wears Glasses or Contacts: Yes: _____ No: _____

Parent/Guardian Authorization

I understand the following regarding the free screening and give permission for my child to be screened:

- a. It is not a full eye examination, thus, not all eye problems can be detected during the screening. If my child requires more care, I will be responsible for making such arrangements.
- b. This form, along with the eye measurement data, will be forwarded to the Florida KidSight Foundation office when the screening instrument gives a “REFER” or “INCONCLUSIVE” result. When a “PASSED” reading is given, no data or information is forwarded.
- c. If my child’s screening results are forwarded to the Florida KidSight Foundation office for verification and follow-up, I will receive a letter outlining actions to be taken along with the results of the screening.
- d. If my child’s screening results reveal a vision problem and my child receives a full eye exam by an eye doctor, the examining doctor is authorized to share the results with the Florida KidSight Foundation staff and screening volunteers as well as Lions Club KidSight Vision Screening Teams for verification and correlation purposes.
- e. Screening data are maintained by the Florida KidSight Foundation and Lions Club KidSight Vision Screening Teams in a database for follow-up purposes and to produce aggregate reports of total children screened and referred, as well as to record the number of inconclusive results.
- f. All information given, and results of this free screening, will be kept confidential.
- g. The Lions Club representatives and/or KidSight volunteers conducting the screening will not be held accountable or liable for any errors of commission, omission or other misdiagnosis as they are volunteers involved in providing humanitarian service to their community.

Print Name: _____ Telephone Number: () _____

Signature: _____ Date: _____

2. Screening Action (To be completed by the Lions Club volunteer)

- Passed ___ (Unable to detect a vision problem at this time.)
- Referred/Inconclusive ___ (Forwarded to the Florida KidSight Foundation for further evaluation.)
- Unable to Screen ___ (Child is crying, shy, wiggly, etc. and cannot obtain a photo)