



MD5M Lions KidSight

Consent Form

Date of Screening: _____

Is this child currently under the care and treatment of an eye doctor? No Yes

Free vision screening will be offered to children by a local Lions Club. Screenings are in conjunction with MD5M Lions KidSight and the Minnesota Lions Vision Foundation. Vision screening produces images of a child's eyes to determine the presence of eye disorders including far- and near-sightedness, lazy-eye, astigmatism, anisometropia (unequal refractive power), strabismus, (misaligned eyes), and media opacities (e.g., cataracts). No physical contact is made with a child and no eye drops are used during the vision screening. This screening is approximately 85-90% effective in detecting problems that can cause reduced vision.

Participation is voluntary. This screening is designed for pre-school-aged children. Children who are younger than 6-months old will not be screened. No child will be screened without a signed and completed consent form. Each individual child needs his/her own consent form. There are no foreseeable risks to participating in the MD5M Lions KidSight vision screening. If you have questions, please contact: (Insert the name and contact info for your District person here) Please print or type the information below:

Child's Name: First _____ Middle _____ Last _____

Male ___ Female ___ Child's Date of Birth ___/___/___ (MM/DD/YYYY) Child's Age _____

Parent's Name: _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail address _____

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

1. The information obtained from this screening is preliminary only and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the screening event.
3. I will be contacted with the results of the screening through Lions KidSight.
4. I am responsible for arranging a full eye examination with a doctor of my choosing if my child has been referred as a result of the vision screening. Lions KidSight recommends a dilated eye examination.
6. The results of your child's eye examination will be anonymously compiled with other children's exams to monitor the effectiveness of the screening process.
7. MD5M Lions KidSight will maintain the confidentiality of all records and results.
8. I will not hold the Lions Club and its volunteers or Lions Clubs organizations, accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian

Date

Refer _____

Not Refer _____