



**Lions Clubs International  
FOUNDATION**

## New Lenox/Frankfort Lions Clubs

### Vision Screening

#### Consent of Parent/Guardian or Self

The Lions Clubs in your community in conjunction with the Lions Club International Foundation will offer free vision screening to your child or yourself. The screening will provide a digital reading of your child's, or your, eyes. No physical contact is made with your child, or yourself, and eye drops are not necessary. Results will be made available at the time of the screening. A child, or yourself, currently under vision treatment should not be screened.

I, the undersigned, hereby give permission for my child, or myself, named below, to participate in the vision screening process. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child, or myself, has been referred as a result of the vision screening.
4. I will not hold the Lions Clubs accountable for any errors of commission, omission or other misdiagnosis.

\_\_\_\_\_  
Signature of Parent/Guardian/Self

\_\_\_\_\_  
Date

#### **PLEASE PRINT**

First & Last Name \_\_\_\_\_

Birthdate . \_\_\_\_\_

Lions ID number \_\_\_\_\_

The results of this screening are given to the person screened, or the parent/guardian. The results are reviewed with our limited knowledge of interpretation and you might need to visit a qualified eye specialist to receive further analysis or diagnosis.

Thank you for participating in our screening.

**PASS**

**REFER**