FREE Vision Screening Colorado Lions KidSight Program

The local Lions Club in your community, in conjunction with the Colorado Lions KidSight Program, will offer free vision screening to your child at his/her preschool or kindergarten. The screening uses state-of-the-art technology and is 85-90% effective in detecting the vision problems that could lead to lazy eye. No physical contact is made with your child and no eye drops or medications are used. ***WHY VISION SCREENING?*** 1 in 20 children has an undetected vision problem that could turn into lazy eye if left untreated. Early detection and treatment is essential to prevent lazy eye.

Parent/Guardian: Please fill out the following. All information is kept confidential and is not sold to third parties. PLEASE PRINT CLEARLY and ANSWER ALL QUESTIONS.

Child's full name: _____ Male ___ Female ____
First *Middle* *Last*

Child's date of birth: _____ Child's age: _____

Parent or Guardian: _____ Email: _____

Address:_____ City: _____ Zip code: _____

Phone (INCLUDING area code) _____

Is your child currently under the care of an eye doctor?
Yes____No____ If yes, name of eye doctor: _____

I hereby give permission for my child to participate in the screening event. I have read and understood the following information regarding this program:

- The information obtained from this vision screening is preliminary only and does not constitute a diagnosis of vision problems.
- I may be communicated with by telephone or email if my child does not pass the vision screening.
- I understand that if my child does not pass the eye screening, I am responsible for arranging for an eye exam with an eye doctor of my choice. I understand that I am responsible for all costs of any eye exams.
- I will not hold the Lions organization, the Colorado Lions KidSight Program, their employees, agents, officers, and representatives liable for any injury which may accrue as a result of the vision screening, including but not limited to errors of commission, errors of omission, or other misdiagnosis.

Signature of Parent or Guardian _____ **Date** _____

RESULTS: **For Office Use Only**

____ Pass — We are unable to detect a vision problem at this time. The screening is not a substitute for a complete pediatric eye exam. Consult an eye care professional if a vision problem is suspected.

____ Unreadable — We were unable to get reliable vision screening results for this child. This can happen occasionally if the child looks away from the equipment during the screening. Consult an eye care professional if a vision problem is suspected.

____ Refer — Child should be examined by an eye care professional because he/she may have the following Condition:

____Strabismus ____Anisometropia ____Astigmatism

____ High Farsightedness ____ High Myopia

____ Other _____