



MD5M Lions KidSight Consent Form



Free vision screening will be offered to children by trained Lions Club members from District MD5M. Screening events are sponsored by the MD5M Lions KidSight Foundation, Inc. Vision screening produces images of a child's eyes to determine the presence of eye disorders including far- and near-sightedness, in addition, astigmatism, anisometropia (unequal refractive power), strabismus (misaligned eyes), anisocoria (unequal pupil size), and media opacities (e.g., cataracts) which may result in amblyopia (lazy eye).

This screening is 80% effective in detecting problems that can cause reduced vision.

No physical contact is made with a child and no eye drops are used during the vision screening.

Participation is voluntary. This screening is designed for children.

There are no foreseeable risks to participating in the MD5M Lions KidSight vision screening.

No child will be screened without a signed and completed consent form.

PLEASE PRINT CLEARLY

Responsible adult: _____ Relationship _____ Phone: (_____) _____

E-mail Address: _____

	AGE	LIONS USE ONLY
Child's Name: First _____ Last _____ Is this child currently under the care and treatment of an eye doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	N _____ R _____
Child's Name: First _____ Last _____ Is this child currently under the care and treatment of an eye doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	N _____ R _____
Child's Name: First _____ Last _____ Is this child currently under the care and treatment of an eye doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	N _____ R _____
Child's Name: First _____ Last _____ Is this child currently under the care and treatment of an eye doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	N _____ R _____

I, the undersigned, hereby give permission for the child, as listed on this form, 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 receive the results of the screening.
4. I am responsible for arranging a full eye examination with a doctor of my choosing if the child has been referred as a result of the vision screening. Lions KidSight recommends a dilated eye examination.
5. The results of the child's eye examination will be anonymously compiled with other children's exams to monitor the effectiveness of the screening process.
6. MD5M Lions KidSight will maintain the confidentiality of all records and results.
7. I will not hold the Lions Club and its volunteers or Lions Clubs organizations accountable for any errors of commission or omission.

Signature of Responsible Adult _____
Date