Lions Club Vision Screening Consent Form
(for children ages 6-17)

Screener: attach copy of printed results here

Maryville Lions Club is offering free vision screening to your child. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child and eye drops are not necessary.

Our equipment can detect many problems that cause poor vision in children, such as Astigmatism (blurred vision), Myopia (nearsightedness), Hyperopia (farsightedness), Strabismus (crossed or turning out eye), Anisocoria (unequal pupil size), and Anisometropia (a difference in the ability of each eye which can lead to a lazy or blind eye).

This screening does not fall under Vanderbilt's Tennessee Lions Eye Center program for children under age 6, so printed results will be given directly to you. In the event that the printed result indicates Refer, it is important that you seek further advice from an eye care professional for your child.

Consent of Parent/Guardian *(separate consent needed for each child)*

I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand and agree to the following:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. I am responsible for arranging a full eye exam if my child's screening result indicates **Refer**.
3. I give permission for the results of my child's screening to be shared with Vanderbilt University and for my doctor to share evaluation results with Vanderbilt University, as necessary.
4. I agree to receive a follow-up email if my child's result shows **Refer** (this helps track the accuracy and effectiveness of vision screening efforts by Lions).
5. I will not hold the Lions Club organization or any other organization participating in the screening accountable for any errors of commission, omission, other misdiagnosis, or failure to follow-up.
6. There is no charge to participate in the vision screening process.

_____ _____

Signature of Parent or Guardian — Date

(PLEASE PRINT)

Child's Name: _____ Age: _____

First Middle Last

Address: _____

Street Address City State Zip

Phone: _____ Email: _____