



Hamilton Lions Club
P. O. Box HM 2396
Hamilton HM JX

Vision Screening Consent Form

Child Information – Please Print Clearly

School: _____

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ yrs. _____ Male _____ Female

Glasses: _____ yes _____ no

Address: _____ Apt: _____

Parish: _____ Postcode: _____

Home Phone: _____ Cell Phone: _____

Mother Email: Please Print Clearly: _____

Father Email: Please Print Clearly: _____

Free vision screening is being offered by the Hamilton Lions Club. Now in our 38th year of Screening. The screening may pick up the presence of eye disorders including farsightedness and nearsightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal prescriptions) and media opacities (i.e. cataracts). **No physical contact is made with your child and no eye drops or medications are used.**

I understand the following regarding the screening

1. The information obtained from the vision screening is preliminary only, and does not constitute a formal eye exam or diagnosis.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye examination by an eye care professional if my child has been referred as a result of the vision screening. The Lions program recommends a dilated eye examination.
4. I understand and give my permission to be contacted by the trained Lions follow-up coordinator if my child is referred.
5. I will not hold the Lions Club organization accountable for any error of commission, omission or other misdiagnosis.

_____ I give my consent for my child to participate in the vision-screening program.

_____ I do not consent for my child to participate in the vision-screening program.

Signature of parent or guardian: _____ Date: _____

FOR OFFICE USE ONLY:

Pass

Refer