



Lions of Michigan Foundation
PROJECT KIDSIGHT

5730 Executive Drive
Lansing, Michigan 48911
Voice: 517-887-6640
Fax: 517-887-6642
Email: info@lmsf.net
Web: www.lmsf.net

Dear Parent or Guardian:

Our vision screener has detected that your child might have a vision disorder that is causing a loss of vision. However, many vision problems can be successfully treated by an eye care professional, and normal vision can usually be restored with eye glasses, contact lenses and, sometimes, patching.

Please contact an optometrist or ophthalmologist, as soon as possible, to make an appointment for your child to have a complete eye exam. If you need help financially or otherwise, please contact the Michigan Department of Health and Human Services at 517-373-3740 (toll free: 1-855-275-6424) or our office to inquire about eye care assistance programs to help your child and family.

Please authorize and encourage your child's eye doctor to complete and return the Eye Doctor – Referred Child Report Form to our office. The information provided by your child's eye doctor will help us validate the results of our vision screening program and improve Project KidSight.

Also, please complete and return the attached Parent/Guardian – Referred Child Report Form to our office. This will ensure that we receive some follow-up care information for your child, in the event that we do not receive a report form from your child's eye doctor. The form information may also be emailed to our office at info@lmsf.net or faxed to 517-887-6642.

For Project KidSight to be successful and reach its fullest potential, we must ensure that we are helping children and identifying resources for families that might need assistance with their child's eye care needs. The support of parents, guardians and eye care professionals is instrumental to the success of Project KidSight, and we are grateful for your help.

Sincerely yours,

Chad A. McCann
Executive Director

PARENT/GUARDIAN – REFERRED CHILD REPORT FORM

Child's Name: _____ Birth Date: _____

My child has been examined by an eye care professional: Yes ___ No ___

The eye care professional believes the Project KidSight referral was justified: Yes ___ No ___

The eye care professional prescribed: No Treatment _____ Eye Glasses/Contact Lenses _____

Follow-up Care _____ Patching _____ Other (Explain) _____

Name: Parent/Guardian: _____ Date: _____