



Lions of Michigan Foundation Project KidSight



CHILD INFORMATION & CONSENT FORM

SECTION 1: CHILD & FAMILY INFORMATION (Please Print)

Child's Name: First _____ Middle _____ Last _____

Date of Birth: _____ Gender: Male _____ Female _____

Parent/Guardian's Name: First _____ Last _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

The Lions Club or health department has already screened my child's vision: Yes _____ No _____

An eye care professional has examined my child's eyes within the past year: Yes _____ No _____

SECTION 2: PARENTAL CONSENT & INFORMATION RELEASE

I hereby authorize my child to have his/her vision screened through the Lions of Michigan Foundation's Project KidSight Program, and I authorize the release of my child's protected health information to the Lions of Michigan Foundation, its representatives and its Project KidSight Partners and representatives, including the Michigan Department of Community Health, the University of Michigan Kellogg Eye Center and the Ferris State University Michigan College of Optometry. Furthermore, I release the staff, officers and representatives of these organizations and all Michigan Project KidSight Partners from all legal liabilities relative to the release of the information obtained from my child's Project KidSight Vision Screening and for any errors relative to vision screening results or otherwise. I understand that:

1. Participation in the Lions of Michigan Foundation Project KidSight Program is voluntary, and I will not be charged a fee for my child to have his/her vision screened.
2. Project KidSight is designed to quickly and accurately identify treatable causes of vision loss in young children, without causing stress to the child
3. Vision screening will produce an image of my child's eyes to develop a preliminary determination of the presence of eye disorders, but it does not constitute a diagnosis of vision problems.
4. Vision screening is not a substitute for an eye examination by an optometrist or ophthalmologist, and vision screening does not detect all vision problems.
5. If my child receives a "Refer" result, the vision screening device is indicating that my child may have a vision problem, and he/she should be examined by an optometrist or ophthalmologist, as soon as possible.
6. If my child receives a "Refer" result, I will receive a copy of the results of my child's vision screening and information related to obtaining professional eye care for my child.
7. If my child is referred for follow-up care, I am responsible for contacting an eye care professional to schedule a complete eye exam for my child.
8. For the purpose of program management, including advertising and marketing, the Lions of Michigan Foundation may identify my child by first name and last initial, city/county of residence and the result of my child's vision screening.

Signature – Parent or Guardian

Date

SECTION 3: VISION SCREENING RESULTS

Project Number: _____ Screening Date: _____

Pass: _____ Unreadable: _____ Refer: _____ Reason(s): _____