



Lions of Michigan Foundation Project KidSight



VISION SCREENING FORM - PLEASE PRINT LEGIBLY

A parent or legal guardian must fully complete Section 2 (Vision Screening Consent & Information Release) prior to the vision screening. No child under age 18, unless emancipated, will have his/her vision screened through Project KidSight without the written consent of a parent or guardian. For further information, please call 517-887-6640.

SECTION 1: CHILD'S PERSONAL INFORMATION

Child (1) Name: (First) _____ **(Last)** _____

Date of Birth: _____ Sex: Male ___ Female ___

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 ___

Child (2) Name: (First) _____ **(Last)** _____

Date of Birth: _____ Sex: Male ___ Female ___

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 ___

Child (3) Name: (First) _____ **(Last)** _____

Date of Birth: _____ Sex: Male ___ Female ___

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 have read and understand the Lions of Michigan Foundation Project KidSight Vision Screening Consent & Information Release, and I hereby authorize my child to participate in the Project KidSight Vision Screening. I understand that my consent releases the staff, officers and representatives of the Lions of Michigan Foundation and its 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 regarding vision screening results or otherwise.

Name: _____ Signature: _____ Date: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Email: _____

SECTION 3: VISION SCREENING INFORMATION & RESULTS

KidSight Project Number: _____ Screening Date: _____

Child (1) Result: Pass: ___ Unreadable: ___ Refer: ___ Reason(s): _____

Child (2) Result: Pass: ___ Unreadable: ___ Refer: ___ Reason(s): _____

Child (3) Result: Pass: ___ Unreadable: ___ Refer: ___ Reason(s): _____

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MICHIGAN VISION SCREENING CONSENT & INFORMATION RELEASE

Worldwide, the leading cause of reduced vision in children is an unidentified need for them to wear glasses. About 5% of children between one and five years of age experience reduced vision resulting from a serious vision disorder like Amblyopia (lazy eye). Through Project KidSight, the Lions of Michigan Foundation intends to prevent permanent vision loss through the early detection and treatment of vision disorders in children. Medical Treatment options increase when vision problems are detected early in a child's life. Normal vision can usually be restored with eye glasses, contact lenses and sometimes patching.

- Participation in the Lions of Michigan Foundation Project KidSight Program is voluntary, and no fees are charged for a vision screening.
- Project KidSight is designed to quickly and accurately identify treatable causes of vision loss in young children, without causing stress to the child
- Vision screening will produce an image of a child's eyes to develop a preliminary determination of the presence of eye disorders, but it does not constitute a diagnosis of vision problems.
- Vision screening is not a substitute for an eye examination by an optometrist or ophthalmologist, and vision screening does not detect all vision problems.
- If a child receives a "Refer" result, the vision screening device is indicating that the child may have a vision problem, and he/she should be examined by an optometrist or ophthalmologist, as soon as possible.
- If a child receives a "Refer" result, a copy of the child's vision screening results and information related to obtaining professional eye care for the child will be provided to the child's parent or guardian.
- If a child is referred for follow-up eye care, it is the responsibility of the child's parent or guardian to contact an eye care professional to schedule a complete eye exam for the child.
- Information, including protected health information, obtained from a child's participation in a Project KidSight Vision Screening, may be used by the Lions of Michigan Foundation and its Project KidSight Partners and representatives, including the Lions Clubs of Michigan, the Michigan Department of Community Health, the University of Michigan Kellogg Eye Center and the Ferris State University Michigan College of Optometry to operate and improve Project KidSight and children's vision screenings in Michigan.
- For the purpose of program management, including advertising and marketing, the Lions of Michigan Foundation may identify a child by his/her first name and last initial, city/county of residence and the result of the child's vision screening.