



# Lions of Michigan FOUNDATION



## VISION SCREENING CONSENT FORM SCHOOLS – AGENCIES – GROUPS

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, we intend to prevent permanent vision loss through the early detection and treatment of vision disorders in children. Medical treatment options increase and normal vision can usually be restored with eye glasses, contact lenses and patching when vision problems are detected early in a child’s life.

- Project KIDSight is designed to quickly and accurately identify treatable causes of vision loss in young children in a noninvasive and low stress environment. Participation is voluntary, and no fees are charged for a child’s vision screening.
- A KIDSight vision screening will produce an electronic image of a child’s eyes that will be computer processed and compared to age-based referral criteria to develop a preliminary determination of the presence of eye disorders, but the vision screening does not constitute a diagnosis of a vision problem, and a vision screening is not a substitute for an eye examination by an eye care professional, and it may not detect all or any of a child’s vision problems.
- A “Pass” result from a KIDSight vision screening indicates that our electronic vision screener was unable to detect any vision problems for the child.
- A “Refer” result from a KIDSight vision screening indicates that our electronic vision screener has detected that the child may have one or more vision problems, causing vision loss, and the child should be examined by an optometrist or ophthalmologist.

Child (1) Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Birth Date) \_\_\_\_\_

Child (2) Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Birth Date) \_\_\_\_\_

Child (3) Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Birth Date) \_\_\_\_\_

Child (4) Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Birth Date) \_\_\_\_\_

### **CONSENT and UNDERSTANDING: Child’s or Children’s Parent or Legal Guardian**

\_\_\_\_ I have read and understand the information presented on this form, and in consideration of being permitted to participate in this activity, I, for and on behalf of myself and my minor child or children, release, acquit and forever discharge the Lions of Michigan Service Foundation, Inc., the Lions Clubs of Michigan, MD 11, Inc. and the volunteers/individuals who conduct the vision screening and any other Partner or Co-Sponsoring Agency and all of the staff, officers, directors, agents, representatives and affiliates of each entity (collectively referred to as “the Parties”) from and against all legal liabilities of every kind, claims, causes of action, and do further agree to defend, indemnify and hold harmless the Parties from and against any and all claims by any person or entity arising out of or relating to this activity.

\_\_\_\_ I further understand that information obtained from my child’s participation in Project KIDSight may be used by the “Parties” to manage and improve Project KIDSight and children’s vision screenings in Michigan, and my child may be identified by his/her first name and last initial, city/county of residence and the result of his/her screening in reports prepared and shared by the “Parties”.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONSENT and UNDERSTANDING: School, Agency or Group**

\_\_\_\_ I understand that the Lions of Michigan Foundation will provided detailed referral information to my school, agency or group for each child who receives a “Refer” result from their vision screening, and the Lions of Michigan Foundation is relinquishing all follow-up responsibility to us to ensure that each referred child receives the necessary follow-up eye care.

School-Agency-Group Name: \_\_\_\_\_ Date: \_\_\_\_\_

Representative’s Name/Signature: \_\_\_\_\_ / \_\_\_\_\_