Lions Clubs International

MD105 British Isles

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Dear Parent or Guardian,

On [Insert Dat , a **free** vision screening is being offered to your child whilst they are in school. The test consists of an instant screening of your child's eyes to determine the presence of eye disorders: this is done using a specialist camera. No physical contact is made with your child, and there are no eye drops involved.

Please note that if your child wears prescription spectacles already, we will screen your child without them wearing the glasses.

I, the undersigned, hereby give permission for my child _____
to participate in the screening event.

I understand the following:

1) There is no charge to participate in the vision screening process
2) I will be contacted with the result via letter
3) The information obtained from this vision screening is considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care programme that includes periodic eye examinations with an optician
4) I understand that I am responsible for arranging for a full eye examination with an optician if advised to do so as a result of the vision screening test
5) I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission, or misdiagnosis.

Signature of Parent / Guardian _____

Print _____ Date _____

Child's Name _____ Age _____

LIONS USE ONLY	
GREEN Letter Issued	
RED Letter Issued	

#LionsGetInvolved