



Tennessee Lions Outreach
and
Vanderbilt Eye Institute

Screener- Staple
Instrument Printout Here

Consent of Parent/Guardian

The Lions Clubs in your community in conjunction with the Tennessee Lions Eye Center at Vanderbilt Children's Hospital will offer free vision screening to your child. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child and eye drops are not necessary. Results will be returned to the screening site where they will be available to you within a few weeks. **A child currently under vision treatment should not be screened.**

I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening. **I give permission for my doctor to share the evaluation results with Vanderbilt University.**
4. I understand and give my permission to be contacted by Tennessee Lions Outreach follow-up coordinator if my child is referred. *(Parents/Guardians of referred children are encouraged to inform the follow-up coordinator [see below for number] of professional exam dates or exam results before the follow-up process begins.)*
5. I will not hold either the Lions Club organization or Vanderbilt University accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian

Date

PLEASE PRINT

Child's Name _____ Child's Date of Birth _____ Age _____
First Middle Last

Address _____ City and Zip: _____

Home Phone: (____) _____ E-Mail: _____

Results

____ **Pass** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete exam. Consult your eye care professional if you suspect a vision problem.

____ **Refer** Your child should be examined because he or she may have a condition that has the potential to cause poor vision in one or both eyes.

____ **Unreadable** Re-screen in one year, or see eye doctor sooner if you suspect a problem.

If you have any questions about the screening process or wish to inform our coordinator of a referred child's exam date or exam results, please call the KidSight Outreach offices at (615) 690-8644 ext. 221 [toll free (800) 741-4089] or visit our website www.tennesseelionscharities.org/ksoparentquestions.

©September 2008, Vanderbilt University, all rights reserved. Revised December, 2019

www.tennesseelionscharities.org

