



Lions of Michigan FOUNDATION Vision Screening Consent Form



Through Project KidSight, we intend to detect and treat vision loss in children before it hinders the child's ability to achieve success in school and life. When vision problems are detected early in a child's life, treatment options increase and normal vision can usually be restored with eyeglasses, contact lenses and patching. By taking a picture of your child's eyes with our handheld autorefractors, a preliminary determination of the presence of eye problems and vision loss will be developed.

Child-1 Name: First _____ Last _____ Birth Date _____ Pass__ Refer__

Child-2 Name: First _____ Last _____ Birth Date _____ Pass__ Refer__

Child-3 Name: First _____ Last _____ Birth Date _____ Pass__ Refer__

Child-4 Name: First _____ Last _____ Birth Date _____ Pass__ Refer__

Child-5 Name: First _____ Last _____ Birth Date _____ Pass__ Refer__

CONSENT and UNDERSTANDING: Child's or Children's Parent or Guardian

____ I understand that a KidSight vision screening is a preliminary determination of a vision problem(s), but it does not constitute a diagnosis of a vision problem; it is not a substitute for an eye examination by an eye care professional; and it may not detect all or any vision problems.

____ I understand a "Pass" result from a KidSight vision screening indicates that the vision screening device was unable to detect any vision problems.

____ I understand a "Refer" result from a KidSight vision screening indicates that the vision screening device has detected that one or more vision problems may be causing vision loss; a full eye examination from an eye care professional is required; and it is my responsibility to contact an optometrist or ophthalmologist for a complete eye examination.

____ I understand that vision screening information obtained from my family's participation in a KidSight event may be used to manage and improve KidSight and children's vision screenings in Michigan, and participants may be identified by name, initials, city/county of residence, and the result of the vision screening in reports prepared and shared by the Lions of Michigan Foundation, its Co-Sponsors, partners and representatives.

____ I understand that the Lions of Michigan Foundation takes precaution and follows guidelines recommended by the World Health Organization to prevent the spread of COVID-19, Influenza, MRSA and other diseases that may cause illness or death. I am aware of the risk resulting from my family's participation in a KidSight vision screening.

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, District 10 and Multiple District 11, 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.

Name: _____ Signature: _____ Date: _____

Telephone: _____ Email Address: _____