



Lions of Michigan FOUNDATION



VISION SCREENING AUTHORIZATION FORM SCHOOLS – EARLY LEARNING 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 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.

- 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 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.

CONSENT and UNDERSTANDING

____ 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, and I pledge that we shall fully adhere to and enforce all such government recommendations, guidelines and prohibitions to ensure the safety of all participants, staff and volunteers.

____ I understand that information obtained from our participation in KidSight may be used by the "Parties" to manage and improve the KidSight Program and children's vision screenings in Michigan, and children may be identified by their name, city/county of residence and the result of the child's vision screening in reports prepared and shared by the "Parties".

____ I further understand that the Lions of Michigan Foundation will provide 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 any necessary follow-up eye care.

____ I have read and understand the information presented on this form, and in consideration of our being permitted to participate in this activity, I release, acquit and forever discharge the Lions of Michigan Service Foundation, Inc. (Lions of Michigan Foundation), the Lions Clubs of Michigan, Multiple District 11 and District 10, volunteers/individuals who conduct vision screenings, all Partners/Co-Sponsoring Agencies, 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.

School-Agency-Group Name: _____ **Date:** _____

Representative's Name: _____ **Signature:** _____

City: _____ **Zip Code:** _____ **Telephone:** _____

Website: _____ **Email:** _____