



Kansas Lions Informed Consent & Release Statement

Please fill out the following. All information is kept confidential.

Today's Date _____

Dependent's First Name _____ Age _____

PLEASE PRINT

Lions Vision Screening Consent

I hereby give permission for **My Child/Youth** to participate in this vision-screening event. I understand that the information derived from this screening is preliminary and is not absolute or conclusive. I have read and 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. Not all vision problems are detected by the vision screening process.
2. I understand that some screening results may indicate the need for a follow-up evaluation. I am responsible for arranging for an eye exam with an eye doctor of my choice. I understand that I am responsible for all costs of any eye exams.
3. I will not hold the Lions organization, their employees, agents, officers and representatives liable for any injury which may accrue as a result of the vision screening, including but not limited to errors of commission, or other misdiagnosis.

Authorizing Signature _____

To be completed by the Screener

RESULTS

_____ **Pass** We were unable to detect a vision problem at this time. This screening is not a substitute for a complete pediatric eye exam. Consult an eye care professional if a vision problem is suspected.

_____ **Unreadable** We were unable to get a reliable vision screening result for this you.
You should consult an eye care professional if a vision problem is suspected.

_____ **Refer** You should be examined by an eye care professional because you **MAY** have a vision problem.

LIONS CLUBS Please retain this Consent Form and attach it to the Follow-up report.