



**Consent Form for Screening for Vision/Hearing Problems**

Your local Lions Club in conjunction with the KidSightUSA Program will offer free vision and hearing screenings at his/her pre-school, kindergarten, or public school. The test consists of an instant electronic-capture photograph of your child’s eyes to determine the presence of eye disorders. A pair of headphones with disposable covers for each child (portable audiometer) will be used to screen hearing. No physical contact is made with your child other than placing the headphones, and no eye drops are necessary.

I, the undersigned, hereby give permission for my child to participate in this screening event. I have read and understand the following:

1. There is no charge to participate in the vision and hearing screening process.
2. I may be communicated with by telephone if my child does not pass the screening. (Please circle Y or N)
3. The information obtained from this vision and hearing screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision or hearing problems. It should be part of a comprehensive eye-care and ear-care program that includes periodic eye and hearing exams.
4. I understand that I am responsible for arranging for a full eye exam with an eye care professional or an audiologist if my child is referred as a result of the vision and/or hearing screening test.
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission, or misdiagnosis. I specifically agree to hold the Lions Clubs of Stafford County harmless and free of any liability for screening my child and informing me that either follow-up or no follow-up exam is required.

Signature of Parent or Guardian \_\_\_\_\_

Parent or Guardian Printed Name \_\_\_\_\_

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Parent/Guardian: Please fill out the following. All information is kept confidential and is not sold to third parties.

Date \_\_\_\_\_ Home phone \_\_\_\_\_

Child’s Full Name \_\_\_\_\_

Child’s Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_

Male

Female

*Please return this form promptly. Thank you*