Lions Vision Screening Consent Form

The local Lions Club in your community is offering a free vision screening for your child. A screening instrument will scan your child's eyes to detect the presence of vision problems which could place your child at risk for developing amblyopia ("lazy eye"). No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90% effective. Your child's stereoscopic vision may also be screened.

Certain eye disorders, including ptosis and juvenile cataracts, are not detectable by this screening method. No vision screening process is 100% accurate. If you have any concerns regarding your child's vision, you should consult an eye doctor. Children who are currently wearing eyeglasses or who are already under the care of an eye doctor do not need a screening and are not eligible for this program. If your child was previously screened by us, and passed the screening, it is not necessary to screen again since he or she was found not to be at risk for amblyopia.

This screening will be conducted by the (name) ______________________________ Lions Club
on (date) ____________________ at (location) ______________________________
If you have questions or need more information, please contact
(name) ______________________________ at (   ) ____________________.

I, the undersigned, hereby give permission for my child, ______________________________, (please print) to participate in the screening event. I understand the following regarding this program:

1. There is no charge for my child to participate in the vision screening process.
2. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
3. I will be contacted by the Lions and/or the screening site's health care coordinator with my child's screening results.
4. I understand that I am responsible for arranging for a full eye exam if my child has been referred as a result of the vision screening test. I give my permission for my doctor to share the evaluation results with the Lions Club.
5. I will not hold the Lions Club accountable for any errors of commission, omission or other misdiagnosis.

Please print the following information:

Child's Name: ______________________________ (________)
First Middle Last Child's Initials

Child's Age: ______ Child's Date of Birth: ____________________ Male ____Female ____

Parent or Guardian's Name: ______________________________

Street Address: ______________________________

City: ____________________ State: __________ Zip Code: ______________

Home Phone: (_____) ______________ Work Phone: (_____) ______________

______________________________ ______________

Signature of Parent or Guardian **Date**

Lions Vision Screening Result

Screeners: Indicate the result of the child's screening below.

_____ **Pass:** All of the SureSight criteria were less than the LCIF referral threshold and a reliability factor of 6 or more was attained for each eye. Also, the Titmus Test (if given) was passed.

_____ **Refer:** One or more of the SureSight criteria met or exceeded the referral threshold, or the child failed the Titmus Test.

_____ **Not Screened:** We were unable to complete the screening.

_____ **Other/Remarks:** ____

Notify the parents or school health coordinator of the above results by giving them the appropriate notification letter. If you have any questions about the results please call the Lions Preschool Vision Screening Program Coordinator at 301-577-7800.

Child's Full Initials : ____________________ **Child's DOB (mm/dd/yy):** ____________________

LCIF Criteria For SureSight Referral

Check all that apply:

__Myopia : S $\leq$ -1.00

__Hyperopia : S $\geq$ +4.25

__Astigmatism: C $\geq$ +2.2

__Anisometropia : D $\geq$ +3.00

Reliability must be 6 or higher

Note: the screener only displays one decimal place; the above numbers should be rounded up.

Titmus Test: Pass _______ **Fail** _______

Ages 4-6: grabs butterfly's wings and all animals correct
Age 3: grabs butterfly's wings
Age 2 or less: N/A

Screeners: Write child's initials and DOB on screening printout and attach here (top and bottom) with clear transparent tape. If no printout is available, record the data here:

Right R ___

S ______________

C ______________

Left R ___

S ______________

C ______________

D ______________

Program Office Use Only **Child's Session / Record #** _________/_________