



<u>Hudson</u> Lions Club	Screening for grades : 3, 4, 5
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Consent Form for Screening for Vision Problems

November 13 & 14, a free vision screening will be offered to your child. The test consists of an instant scan (like a photograph) of your child's eyes to determine the possible presence of eye disorders. No physical contact is made with your child and eye drops are not necessary. The child simply looks at some blinking lights for about a second. Visit www.pediavision.com on-line to learn about the device if you are interested.

I, the undersigned, hereby give permission for my child, _____ to participate in the screening event. I understand the following:

1. There is no charge to participate in the vision screening process.
2. I will be contacted with the results.
3. The information obtained from this vision screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems.
4. I understand that I am responsible for arranging for a full eye exam with an eye care professional if my child is referred as a result of the vision screening test.
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission or misdiagnosis.

Signature of Parent or Guardian	Printed Name	Date
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Child's Name	Date of Birth	Age
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Address	Home Phone:
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Male **Female**

Please return this form promptly

If you have any questions, please contact Hills Garrison School – Nurse Kathy Whitney (603) 881-3930.