



# KidSight Screening Consent Form



Your local Lions Club in conjunction with the North Carolina Lions KidSight Program will offer free vision screening to your child. The screening uses state-of-the-art technology and is 85-90% effective in detecting the vision problems that could lead to vision loss. No physical contact is made with your child and no eye drops or medications are used. For additional information please call 1-800-662-7401 Ext. 241

**WHY VISION SCREENING?** 1 in 20 children has an undetected vision problem that could cause permanent vision loss, if left untreated. Early detection and treatment are essential.

Child's Full Name \_\_\_\_\_  
First Middle Last

Child's Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_  
Month Day Year Facility Name

Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_

Phone INCLUDING area code \_\_\_\_\_

Is your child under the care of an eye doctor? Yes  No  If so, date of last exam (Approximate): \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission for my child to participate in the screening. I understand and accept the following regarding this program:

1. The information obtained from this vision screening is preliminary only and does not constitute a complete exam or diagnosis of vision problems.
2. The results of my child's screening will be provided to me by the facility listed above, if needed.
3. Should the screening indicate any abnormality, a complete eye examination and any follow-up care is my responsibility. If I need financial assistance, my local Lions Club may be able to assist.
4. I will not hold the Lions Club organizations, Lions KidSight USA or the facility accountable for any errors of commission, omission, or any other misdiagnosis.

Refraction, pupil sizes, and corneal reflexes are automatically measured and compared to age-based referral criteria . Referral criteria and the PlusOptix system screen for:

**Anisometropia**- Unequal refraction of both eyes

**Myopia**- Nearsightedness

**Astigmatism**- Corneal irregularities

**Corneal Reflexes**- Symmetric eye alignment

**Hyperopia**- Farsightedness

**Anisocoria**- Unequal pupil size

If readings are within limits, a "pass" screening result is displayed. If one or more of the readings are outside of limits, a "refer" screening result is displayed. Screening results are displayed on screen immediately after a measurement is completed.

Child normally wears Glasses? \_\_\_\_\_

Child was screened with Glasses? \_\_\_\_\_

**PASSED**

A finding of **PASSED** does not guarantee that no problems are present. This screening does not replace a recommended annual eye exam by an eye care professional.

**REFERRAL RECOMMENDED**

Child should be examined by an eye care professional.

Information on the attached label may be helpful to the Eye Doctor.

**BRING THIS FORM TO THE EYE DOCTOR**

(Place Referred Sticker Here)

(Place Passed Sticker Here)