CONNECTICUT LIONS EYE RESEARCH FOUNDATION
LIONS EYE HEALTH PROGRAM
VISION SCREENING CONSENT FORM - Opt Out

On_____ the local Lions Club in your community will conduct a free vision screening for all children in your child's school facility: _____.
The screening equipment being used may determine the presence of eye disorders including far and near sightedness, astigmatism, anisometropia, strabismus and anisocoria. The screening is done by a photographic process from a distance of three feet. No physical contact is made with the child and no eye drops are administered.

I understand 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. **There is no charge to participate in the vision screening process.**
3. **The results of my child's individual screening will be provided to me by the school (mentioned above).**
4. **Should the screening indicate any abnormality, a complete eye examination and any follow-up care is my responsibility.**
5. **If referred, I authorize my child's eye care professional to release the results of my child's eye exam to the registered nurse at the school .**
6. **I will not hold the Lions Club organizations, the Connecticut Lions Eye Research Foundation, The Lions Eye Health Program or the School accountable for any errors of commission, omission, or any other misdiagnosis.**

I, the undersigned, hereby do not give permission for my child _____, (**Opt-out**) from participating in the vision screening,

_____ _____
Signature of parent or guardian Date

PLEASE PRINT

Child's Last Name_____ First Name_____

Age_____ Male____ Female____

Please Circle 'Date of Birth'

Month	1 January		2 February		3 March		4 April		5 May	6 June
	7 July		8 August		9 September		10 October		11 November	12 December
Day:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
	11	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
	21	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30** **31**
Year	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
	2007	2006	2005	2004	2003	2002	2001	2000	Other: _____	

Parent or Guardian's Name _____ Phone #_____

Address_____
(Street) (City) (Zip Code)

Hartford, CT