Vision To Learn
Focus on the Future

MOBILE VISION SERVICES
CONSENT AND RELEASE FORM

Dear Parent/Guardian,

Vision To Learn is a nonprofit organization that offers routine eye exams and glasses to kids at no cost. Vision To Learn will be bringing its mobile vision care clinic to your child's school or organization to provide eye exams and glasses to children who need them. If you would like to give your child permission to participate in the Vision To Learn program, please complete and sign this form. Return the completed form to the school nurse or site coordinator.

Vision To Learn follows CDC, state and federal regulations including staff daily health screenings, the use of Personal Protective Equipment for staff and students, non-contact exam procedures, and thorough disinfection between patients. Vision To Learn is committed to following best practices to prioritize the safety of our students.

There is no cost to you for your child to participate

PLEASE PRINT OR TYPE:

REQUIRED:

Child's First Name: Child's Last Name:

Child's Date of Birth: Month / Date / Year

Child's Gender (please check one): ☐ MALE ☐ FEMALE ☐ NON-BINARY

Parent/ Guardian First Name: Parent/ Guardian Last Name:

CONTACT INFORMATION:

Street Address: Unit/Apt:	City:	State:	Zip:

Phone Number:	Emergency Phone Number:	Email:

SCHOOL INFORMATION:

Name of School:	Name Teacher:
Grade:	Classroom:

OPTIONAL:

INSURANCE INFORMATION:

Child Has Medicaid Child Has Private Insurance Child is Uninsured

Provider:	I.D. Number:

By signing this form, I acknowledge that I have the right to refuse any services provided by Vision To Learn but that I am choosing voluntarily for my child to receive vision services. Vision To Learn provides a routine eye exam. Vision To Learn is able to provide glasses to students who need them, but does not administer eye drops or dilation. I understand that services provided by Vision To Learn's mobile clinic may be billed to my child's Medicaid benefits, unless my child is referred for follow-up care. My signature shows that I have read and understood this voluntary Consent and Release and I agree to its provisions.

Parent/Guardian Signature:_____ Date:_____