



Vision Services Consent/Opt-Out Form

RETURN FORM TO SCHOOL

On _____ (date) there will be a free vision screening and mobile vision clinic at _____ (school), provided in partnership with Georgia Lions Lighthouse Foundation (GLLF) and the Georgia Lions Clubs. The purpose is to determine whether your child needs an eye examination. If your child needs a vision examination, GLLF will provide the exam and glasses as indicated. The screening is non-invasive, and no physical contact is made with your child.

IMPORTANT

If your child has photo sensitive epilepsy, they WILL NOT be screened!

Students believed to need an eye exam, and are unable to be screened due to photo-sensitive epilepsy, may apply online at lionslighthouse.org/services or seek a vision provider near you. Services are provided at our Chamblee clinic at no cost for children 18 and under. The clinic does not accept insurance.

Child's Name: _____ Child's Date of Birth _____

Teacher's Name: _____ Child's Grade _____

Child's Sex: Male or Female _____ Child's Race Asian, African American/Black, Hispanic/Latino, 2 or more races, White, Other _____

Circle Choice

I give permission for my child to be screened: YES or NO

My child has photo sensitive epilepsy: YES or NO

My child wears prescription eyeglasses: YES or NO

I grant permission for GLLF/Georgia Lions to take photographs during the vision services to use for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content. I understand that no royalty fee or other compensation shall become payable to me by reason of such use. **Circle Choice:** YES or NO

CHILD'S MEDICAL HISTORY

CHIEF COMPLAINT: _____

ALLERGIES:

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? IF YES, PLEASE CHECK THE BOX.

☐ Dry Eyes ☐ Blurred Vision ☐ Past Eye Injuries ☐ Eye Surgeries ☐ Wears Glasses ☐ Wears Contacts

DOES YOUR CHILD HAVE A FAMILY HISTORY OF ANY OF THE FOLLOWING?

☐ Diabetes ☐ Macular Degeneration ☐ Glaucoma ☐ Retinal Detachment ☐ Cataracts ☐ High Blood Pressure

Please explain any boxes you checked: _____

Parent Guardian Phone Number: _____ Email Address: _____

Would you like to receive email newsletters from GLLF: **CIRCLE CHOICE** _____ YES or NO

Parent/Guardian Signature: _____ Date: _____

For Staff use only – do not write below this line.

Screening Results: An Exam is recommended: YES or NO