



De Pere Lions Club



Dear Parent/Guardian,

On / / a FREE VISION SCREENING by the Lions Club will be offered to your child. The screening consists of an instant electronic scan of your child’s eyes to determine the presence of six eye disorders. This scan takes less than one minute. No physical contact is made with your child, and no eye drops are used.

By completing and signing this Opt Out form you choose to **NOT** have your child participate in this screening event.

NO _____ I do not give permission to have an automated vision screening performed on my child by the Lions Club at no cost to me.

_____	M F	_____ / _____ / _____
First & Last Name of Child – please print	Gender (circle one)	Date of Birth (mm/dd/yyyy)
_____	_____	
Parent/Guardian – please print	Relationship to child	
_____	_____	
Parent/Guardian Signature	Date	

Please return this Opt Out Form by / / to your child’s Teacher

If you choose to have your child screened you do not need to return this form. The following information applies to you:

1. There is no charge to participate in the vision screening process.
2. The information from this vision screening is to be considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should only be considered to be a part of a comprehensive eye-care program that includes periodic exams by an eye care professional.
3. You understand that you are responsible for arranging for a full eye exam with an eye care professional if your child is referred as a result of this vision screening test.
4. You agree to hold the Lions Club harmless and free of any liability for screening your child and informing you that either follow-up or no follow-up exam is required.

Please see the website below of the most current version of this document