



Lions of Michigan FOUNDATION



VISION SCREENING CONSENT FORM

Worldwide, the leading cause of reduced vision in children is an unidentified need for them to wear glasses. About 5% of children between one and five years of age experience reduced vision resulting from a serious vision disorder like Amblyopia (lazy eye). Through Project KidSight, we intend to prevent permanent vision loss through the early detection and treatment of vision disorders in children. Medical treatment options increase and normal vision can usually be restored with eyeglasses, contact lenses and patching when vision problems are detected early in a child's life. Project KidSight is designed to quickly and accurately identify causes of vision loss in a noninvasive and low stress environment, and participation is voluntary and free.

Child (1) Name: First _____ Last _____ Birth Date _____

Child (2) Name: First _____ Last _____ Birth Date _____

Child (3) Name: First _____ Last _____ Birth Date _____

Child (4) Name: First _____ Last _____ Birth Date _____

CONSENT and UNDERSTANDING: Child's or Children's Parent or Legal Guardian

_____ I understand that a KidSight vision screening will produce an electronic image of the eyes that will be computer processed and compared to age-based referral criteria to develop a preliminary determination of the presence of eye disorders, but vision screenings do not constitute a diagnosis of a vision problem, and a vision screening is not a substitute for an eye examination by an eye care professional, and it may not detect all or any vision problems.

_____ I understand a "Pass" result from a KidSight vision screening indicates that the electronic vision screener or photo-screener was unable to detect any vision problems.

_____ I understand a "Refer" result from a KidSight vision screening indicates that the electronic vision screener or photo-screener has detected that one or more vision problems may be causing vision loss, and a full eye examination from an optometrist or ophthalmologist should be scheduled as soon as possible. I further understand that it is my responsibility to contact, in a timely manner, an optometrist or ophthalmologist for a complete eye examination, and a failure to report the results of the examination to the Lions of Michigan Foundation may result in vision screening information being shared with the Michigan Department of Health and Human Services for further follow-up.

_____ I understand that the World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions. I am aware of the existence of the risk on my and my family's physical appearance to the venue and our participation in a KidSight vision screening event that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. We have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough, and we have not exhibited any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. I have not been, nor any member(s) of my household, diagnosed to be infected with the COVID-19 virus within the last 30 days.

_____ I understand that vision screening information obtained from my family's participation in Project KidSight may be used to manage and improve Project KidSight and children's vision screenings in Michigan, and participants may be identified by their first name, last name, initials, city/county of residence and the result of the vision screening in reports prepared and shared by the Lions of Michigan Foundation, its Co-Sponsors, partners and representatives.

I have read and understand the information presented on this form, and in consideration of being permitted to participate in this activity, I, for and on behalf of myself and my minor child or children, release, acquit and forever discharge the Lions of Michigan Service Foundation, Inc., the Lions Clubs of Michigan, MD 11, Inc. and the volunteers/individuals who conduct the vision screening and any other Partner or Co-Sponsoring Agency and all of the staff, officers, directors, agents, representatives and affiliates of each entity (collectively referred to as "the Parties") from and against all legal liabilities of every kind, claims, causes of action, and do further agree to defend, indemnify and hold harmless the Parties from and against any and all claims by any person or entity arising out of or relating to this activity.

Name: _____ Signature: _____ Date: _____