



Lions See, Inc.
 at the Ira G. Ross Eye Institute
 1176 Main St., Buffalo, NY 14209
 (716) 881-7915 (716) 887-2991 Fax
 md20lionsee@gmail.com



♥ **Parent Must Complete Both Sides of This Form** ♥
Consent Form PhotoScreener, Inc. (MTI)

Free vision screening will be offered to your child by the local Lions Clubs in your community in conjunction with the Lions SEE Program at the Ira G. Ross Eye Institute.

If your child is currently under the care of an eye doctor, this screening is not necessary.

The screening provides instant photographs of your child’s eyes to determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e.cataracts). No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90% effective in detecting problems that can cause decreases in vision.

I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. **If my child is referred** I will receive a sealed Parent To Do packet with the results of the screening through the Lions SEE Program at the Ira G. Ross Eye Institute.
4. **If my child’s photo is unreadable** the Lions Volunteer who conducted the original screening will schedule re-takes at the screening site.
5. **I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening. I give permission for my doctor to share the evaluation results with the Lions SEE Program at the Ira G. Ross Eye Institute.**
6. I will not hold either the Lions Club Organizations or Lions SEE Program at the Ira G. Ross Eye Institute accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian _____
Date

DO NOT COMPLETE FORM IF
your child was screened last year or if your child is currently under treatment

Vision Screening every two years is sufficient

Is your child currently under the care of an Eye Doctor? Yes No

Name of Eye Doctor: _____ Phone:() _____

Have we previously screened your child’s vision? Yes No Not sure

Repeat screening is usually not necessary; however, if it has been 2 years since original screening your child should be re-screened.



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Result Form

Dear Parent,

Our interpretation of your child's photo is the following:

___ **Pass** We are unable to detect a vision problem at this time. The screening is not a substitute for a complete eye exam. Consult your eye care professional if you suspect a vision problem

___ **Refer** Your child should be examined because he or she may have the following condition that has the potential to cause poor vision in one or both eyes:
 ___ Strabismus (Crossed eyes)
 ___ Anisometropia (Difference in need for glasses between eyes; can cause poor vision in one eye)
 ___ Astigmatism
 ___ Hyperopia/High Farsightedness (Can contribute to eye crossing)
 ___ Myopia/Nearsightedness
 ___ Other

___ **Unreadable Photograph**, The **Lion Volunteer will contact the screening site** to schedule *Retakes*.

Focus (top / bottom) 4-8 mm pupils (top / bottom) Fixation (top / bottom) Four pupils (top / bottom)

If your child is referred from this exam, please take your child to see an ophthalmologist or optometrist in your area. Please take the Evaluation Sheet, included in this packet, to your appointment and have the eye doctor complete the form and return it to Lions SEE Program at the Ira G. Ross Eye Institute, C/O Jennifer Butkowsky, Program Administrator, 1176 Main Street, Buffalo, New York 14209. If you have any questions about your results please call Jennifer Butkowsky, Program Administrator *at (716) 881- 7915*.

♥♥♥ PLEASE SIGN CONSENT ON THE OTHER SIDE OF THIS FORM ♥♥♥

Child's Name: _____
 Please Print First Middle Initial Last

Child's Date of Birth: _____

Child's Age (1 thru 5 years): _____
 (1 year up to and including all 5 year olds)

Parent or Guardian: _____

Address: _____

City and ZIP: _____

Home Phone: (____) _____

Work/2nd Phone: (____) _____/_____

