



Lion SEE, Inc.
 At the Ira G. Ross Eye Institute
 1176 Main St., Buffalo, New York 14209
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♥ **Preschool Vision Screening** ♥
 Welch Allyn Sure Sight Vision Screener

Consent of Parent/Guardian

Free vision screening will be offered to your child by the Lions Club Organization in conjunction with the Lions SEE Program at the Ira G. Ross Eye Institute. The screening provides a digital reading of your child's eyes to determine the presence of eye disorders including far and nearsightedness, astigmatism, and anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary.

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. 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 Lions SEE Program at the Ira G. Ross Eye Institute.
4. I will not hold either the Lions Clubs Organization or Lions SEE Program at the Ira G. Ross Eye Institute accountable for any errors of commission, omission or other misdiagnosis.

PLEASE PRINT

Signature of Parent or Guardian *Date* *Child's First, Middle Initial and Last Name*

Child's date of Birth *Age* *Address* *City/Zip*

Home Phone _____ *2nd Phone ()* _____

Do Not Complete Form
if your child is currently under treatment

-Vision Screening every two years is sufficient-

Results

_____ ***Pass*** *We are unable to detect a vision problem at this time. The screening is not a substitute for a complete 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:*

- _____ ***Anisometropia*** *(Difference in need for glasses between eyes; can cause poor vision in one eye)*
- _____ ***Astigmatism*** *(Possible need for glasses)*
- _____ ***Hyperopia/High Farsightedness*** *(Can contribute to eye crossing)*
- _____ ***Myopia***
- _____ ***Other***
- _____ ***Unreadable, Refer*** *(we were unable to obtain acceptable reading)*

If your child is referred from this screening, please take them 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 Butkowski, Program Administrator, 1176 Main Street, Buffalo, New York 14209. If you have any questions about your results please call (716) 881-7915