**Consent of Parent/Guardian**

The Lions Clubs in your community will offer free vision screening to your child. The screening will provide a digital reading of your child’s eyes. No physical contact is made with your child and eye drops are not necessary. Results will be returned to the screening site where they will be available to you within a few weeks

 **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.
4. I will not hold either the Lions Club or vision event volunteers accountable for any errors of commission, omission or other misdiagnosis

For myself and my heirs, legal and personal representatives and assigns, in consideration of receipt of a complementary eye vision screening at a Vision Screening Event provided by The NC Lions 31-N Zones 3 and 5, DO HEREBY FOREVER RELEASE AND DISCHARGE THE LIONS CLUB AND ITS DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AGENTS, AND THE VOLUNTEERS PARTICIPATING IN THE VISION SCREENING EVENT (severally and collectively, the “NC 31-N Lions Zone 3 and 5 Releases”) FROM ANY AND ALL CLAIMS AND LIABILITY ASSOCIATED WITH, ARISING OR RESULTING FROM, OR CONNECTED IN ANY MANNER WHATSOEVER WITH THE VISION SCREENING THAT I RECEIVE AT THE VISION SCREENING EVENT. I ACKNOWLEDGE AND UNDERSTAND THAT THE VISION SCREENING I WILL RECEIVE AT THE VISION SCREENING EVENT IS NOT INTENDED TO BE A SUBSTITUTE FOR A COMPLETE VISION EXAMINATION PERFORMED BY A PROFESSIONAL PROVIDER. I understand and agree that the release of liability set forth herein shall be binding upon my heirs, legal and personal representatives and assigns. I further agree and understand that the NC Lions Club 31-N Zones 3 and 5 Releases are intended third party beneficiaries of my release of liability set forth herein.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT
Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_
 First Middle Last

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESULTS

\_\_\_\_\_\_ Pass We are unable to detect a vision problem at this time. Please realize this 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 a condition that has the potential to cause poor vision in one or both eyes. The attached report form should be shared with your eye care professional.