

Lions of Michigan FOUNDATION



Free Vision Screening

Binocular Patients Settings Instruction manual

1) Patient data

Next patient

Surname: Muller
 First name: Lieschen
 Date of birth: 2008-09-09 Gender: female
 ID: []

2) Screening result

Refer

3) Documentation

Measurement report
 Label Screenshot

4) Video control

⏪ ⏩ ⏸
 Load video Save video

5) Pay-Per-Use

Available credits: **425**

Right eye

Spherical equivalent [dpt]	
0.00	+2.25
Cylinder [dpt]	
-1.00	-1.00
Corneal reflexes [°]	
Symmetric (0) 4.2	(20) Asymmetric
Pupil size [mm]	
4.1	4.5

Left eye

www.plusoptix.eu

Robert Smith 09/30/2013 2:23 pm 09/30/2013

4.8 mm 59 mm 5.0 mm
 12° R L 1°
 -1° -CYL -2°

OD

SE -1.00		
DS +0.50	DC -3.00	Axis @5°

OS

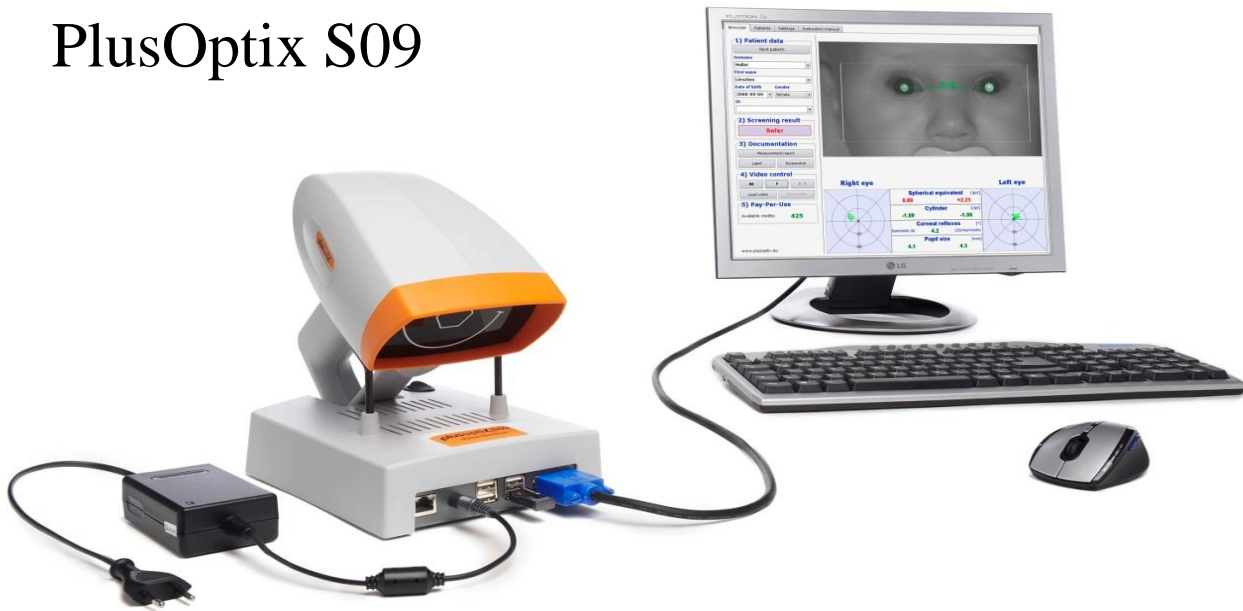
SE -0.75		
DS +0.50	DC -2.50	Axis @15°

Complete Eye Exam Recommended
 Myopia(OD,OS), Astigmatism(OD,OS)

Mono Edit Summary Retry Print HOME

w
w
w
.
l
m
s
f
.
n
e
t

PlusOptix S09



Welch Allyn SPOT VS100



PlusOptix S12



KidSight USA
Foundation Logo



KidSight Trailer & EZ-UP Tent

- Medical Director: Dr. John Baker, M.D.
- Executive Director: Chad McCann
- Advisory Committee Chair: Justin Faber
- District Coordinators:
 - Peggy Lindeman – Rose Potvin - Duane Goltz, SD 10
 - Jim Williams – Ted Robinson, 11-A1
 - Kay Furby, 11-A2
 - Barry Allen – Tom Tyson – Pat Stiff, 11-B1
 - Pat McFarland - Tanda Stiffler, 11-B2
 - Ken Adamy, 11-C1
 - Lloyd Kilbreath – Bob Tetzlaff, 11-C2
 - Keith Cregar – Joe Gwizdala, 11-D1
 - Ronald Lindberg, 11-D2
 - Ann Roeseler - Tim Anderson, 11-E1
 - Dan LeBlond – Linda Harris, 11-E2

PARTNERS & SPONSORS

MICHIGAN MASONS
Child Identification Program

**MICHIGAN DEPARTMENT OF HEALTH &
HUMAN SERVICES**

FERRIS STATE UNIVERSITY
Department of Optometry

DETROIT MEDICAL CENTER
Children's Hospital of Michigan

**MICHIGAN SOCIETY OF EYE PHYSICIANS
& SURGEONS**

**MICHIGAN ASSOCIATION OF FAIRS &
EXHIBITIONS**

SAM'S CLUB - MICHIGAN

Our Primary Goal

To identify and help children, as young as age 6-months, who suffer from undiagnosed vision loss that hinders their ability to excel in school and develop normally.



Why Project KidSight?

- When grouped, vision disorders are the most prevalent disabling childhood condition.
- Vision problems affect 5% to 10% of all preschool aged children.
- Currently, less than 21% of preschool aged children receive annual vision screenings.
- If vision problems go undetected or treatment is delayed, serious vision problems like Amblyopia (lazy eye) can cause permanent vision loss.
- Without proper follow-up policies and procedures, nearly 2/3 of the children who receive KidSight referrals will not be examined by an eye care professional.

Why do we use the electronic vision screeners for PKS?

- Electronic vision screeners are much more accurate than traditional screening methods in detecting vision disorders in young children.
- In less than one second, our high tech screening devices accurately measure and compare the refractive power of a child's eyes, pupil sizes and corneal alignment to pre-programmed age based criteria.
- The vision screener operates at a safe distance of approximately 3 feet, reducing stress on young children.
- When potential vision problems are detected, our vision screeners indicate a “Refer” criteria, a recommendation for the child to be examined by an eye care professional.

What Potential Vision Disorders Can Be Detected By Our Vision Screening Devices?

MYOPIA (Nearsightedness) – difficulty in seeing or focusing on objects at a distance.

HYPEROPIA (Farsightedness) – difficulty in seeing or focusing on close objects.

ANISOMETROPIA – A condition where one's eyes have unequal refractive power or visual clarity.

ASTIGMATISM – Blurred or distorted vision that results when the cornea is not perfectly round.

ANISOCORIA – Differences in the size of a child's pupils.

STRABISMUS – Gaze deviations - eye misalignment or fixed/crossed eyes.



Brianna's Story

Brianna is not your average 6-year-old. She loves gymnastics, softball and playing with her friends — much like other girls her age. But aside from her vibrant personality and a smile that spreads joy to those around her, there's something else that makes her special. Brianna is a cancer survivor.

Brianna's journey began when she was five and participated in a free vision screening performed by the Lions Club. The vision screening revealed an irregularity in Brianna's left eye.

At Brianna's appointment with the eye doctor, her family learned that her retina was completely detached. Over the next few days Brianna underwent an MRI and CT scan, and it was determined that her eye problem was caused by a tumor. Brianna's left eye had to be removed, and they couldn't do a biopsy because the cancer could spread immediately; there was no other choice.

While the tumor left Brianna without her left eye, she hasn't let that slow her down. Her new prosthetic eye and positive attitude conceal the struggles she has faced.

Victoria's Story

We would like to thank you from the bottom of our hearts. Our daughter attended a playgroup in the Spring, and she had a picture taken by the Lions Club with a very special camera.

This free vision screening was a blessing to our family.

Victoria had a juvenile cataract in her left eye. The doctors believe she was born with a defect in the back of her eye which pre-disposed her to forming this type of cataract. Her eye problem was never found during her well child check-ups, and if it was not for the Lions Club finding it when they did, Victoria could have lost her sight.

Victoria turned three in January, and thanks to you, she will be a normal and healthy little girl with two beautiful eyes. Her doctors believe, that with glasses, she will have normal vision.

Amy F. - Gobles, Michigan



Virginia's Story

Cambridge ninth-grader Virginia Stone got the new eyeglasses she needed thanks to the Lions Project KidSight.

Virginia hadn't been able to get new glasses for two years. Now, thanks to the Lions Clubs, she is seeing things much better.

Stone was among the students at Cambridge High School in Garden City who participated in the Lions KidSight screening. Her vision checked by the Plymouth Lions Club KidSight Team, and then she received assistance from the Lions Club in obtaining an eye exam and new glasses.

"I've been wearing glasses since kindergarten, but I wasn't able to get glasses for two years," said Stone. "I got these in March. They're great."

The Plymouth Lions Club began doing vision screenings in 2008. "Our club thought it would be a good way to serve our community by screening children free of charge to detect potential vision problems at an early age," said Charles Cone, a member of the Plymouth Lions Club's KidSight Committee.

Chidimma's Story

1/29/19



STARFISH

FAMILY SERVICES

30000 Hiveley Road
Inkster, MI 48141-1089

www.starfishonline.org

P 734.728.3400
F 734.728.3500

To Whom It May Concern:

During my time here as a parent through Starfish Family Services many services have been provided to my family. In the month of February 2017, my child, Chidimma Okafor, was due for routine screenings. One of the agencies that provides routine vision services is The Lions Club of Michigan. During the screening Mr. Jim was friendly and caring when working with my daughter. When he was reviewing the results of the screening with me, he had advised me to follow up with ophthalmologist and he had provided a list of doctors. Over the course of the next year Chidimma, had been diagnose with a form of eye cancer. From August 2017- present she has received Chemo Treatments through Detroit DMC and U of M Children Hospital. Mr. Jim and the Staff through the Lions Center has been supportive and helpful. If you have any questions about this please feel free to contact me at 734-757-3524.

Thank you,

A handwritten signature in blue ink, appearing to be 'C. Okafor', written in a cursive style.

1/29/19



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 eye glasses, contact lenses and patching when vision problems are detected early in a child's life.

- Project KIDSight is designed to quickly and accurately identify treatable causes of vision loss in young children in a noninvasive and low stress environment. Participation is voluntary, and no fees are charged for a child's vision screening.
- A KIDSight vision screening will produce an electronic image of a child's 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 the vision screening does 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 of a child's vision problems.
- A "Pass" result from a KIDSight vision screening indicates that our electronic vision screener was unable to detect any vision problems for the child.
- A "Refer" result from a KIDSight vision screening indicates that our electronic vision screener has detected that the child may have one or more vision problems, causing vision loss, and the child should be examined, as soon as possible, by an optometrist or ophthalmologist.

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

No child under age 18, unless emancipated, will have his/her vision screened through Project KIDSight without the written consent of the child's parent or legal guardian.

_____ 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.

_____ I further understand that vision screening information obtained from my child's participation in Project KIDSight may be used by the "Parties" to manage and improve Project KIDSight and children's vision screenings in Michigan, and my child may be identified by his/her first name and last initial, city/county of residence and the result of my his/her vision screening in reports prepared and shared by the "Parties".

_____ I further understand that if as a result of my child's vision screening, he/she is referred for follow-up eye care, it is my responsibility to contact an optometrist or ophthalmologist to examine my child in a timely manner, and a failure of me or the eye doctor to report the eye doctor's findings to the Lions of Michigan Foundation, within 6 months from the date of this vision screening, may result in my child's personal and vision screening information being transferred to the Michigan Department of Health and Human Services for further follow-up.

Name: _____ Signature: _____ Date: _____



Lions of Michigan FOUNDATION



Dear Parent or Guardian:

Our vision screener has detected that your child might have a vision disorder that is causing a loss of vision. However, when detected early in a child’s life, many vision problems can be successfully treated by an eye care professional, and normal vision can usually be restored with eye glasses, contact lenses and, sometimes, patching.

For Project KidSight to be successful and reach its fullest potential, we must ensure that referred children are being treated and families that need assistance with their child’s eye care needs are being helped. The support of parents, guardians and eye care professionals is instrumental to the success of Project KidSight, and we are grateful for your assistance.

If your child is already being treated by an eye care professional for a vision problem, please indicate such in “Section 2: Parent/Guardian – Referred Child Report & Follow-up Declaration” and disregard further action related to follow-up care and additional reporting. However, if your child is not currently being treated by an eye care professional, please contact an optometrist or ophthalmologist, as soon as possible, to make an appointment for your child to have a complete eye exam. If you need help financially or otherwise, please contact the Michigan Department of Health and Human Services at 517-373-3740 (toll free: 1-855-275-6424) or our office to inquire about eye care assistance programs to help your child and family.

Please authorize and encourage your child’s eye doctor to complete and return the KidSight “Eye Doctor – Referred Child Report Form” to our office. The information provided by your child’s eye doctor will help us validate the results of our vision screening program, confirm that your child received care and improve Project KidSight. The form may be faxed to our office at 517-887-6642.

Following your child’s eye care appointment, please complete Section 2 of this form and return the form to our office. This will ensure that we receive timely proof that your child received follow-up eye care, in the event that we do not receive a report form from your child’s eye doctor. This information may emailed to our office at info@lmsf.net or faxed to 517-887-6642.

SECTION 1: Referred Child Information

Date: _____ KidSight Project Number: _____ - _____

Reason for Referral: Anisometropia ___ Anisocoria ___ Astigmatism ___ Myopia ___ Hyperopia ___
Gaze Deviation ___ Unreadable ___ Other _____

Child’s Name: First _____ Middle _____ Last _____

Date of Birth: _____ Gender: Male ___ Female ___

City: _____ Zip Code: _____ County: _____

Parent/Guardian’s Name: First _____ Last _____

Telephone: _____ Email: _____

SECTION 2: Parent/Guardian – Referred Child Report and Follow-Up Declaration

___ My child is already under the care of an eye care professional. He/she is currently being treated with:
Eyeglasses ___ Contact Lenses ___ Patching ___ Vision Therapy ___ Other _____.

My child was examined on _____ by an eye care professional at: _____.

The eye care doctor believes that the KidSight referral was justified: Yes ___ No ___

The eye care doctor believes that the reason for the referral was accurate: Yes ___ No ___

The eye care doctor prescribed: Eye Glasses/Contact Lenses ___ No Treatment ___ Patching ___
Vision Therapy ___ Follow-up Care ___ Other (Explain) _____.

Signature: Parent/Guardian: _____ Date: _____



Lions of Michigan Foundation

5730 Executive Drive – Lansing, Michigan 48911
(Voice) 517-887-6640 (Fax) 517-887-6642
(Website) www.lmsf.net (Email) info@lmsf.net



Dear Eye Care Professional:

Each year, the Lions Clubs of Michigan complete vision screenings for thousands of children through Project KIDSight. Our results show that we refer eight to ten percent of the children we screen to eye care professionals for follow-up care, and about ninety percent of the children we refer require ongoing treatment for an eye disorder.

Over the years, our vision screening equipment has proven to be very accurate in identifying vision disorders in children, especially in the one to five year-old age group. However, we understand that the information provided by our mobile screening devices is not meant to be diagnostic. Thus, it is **critically important** that you thoroughly examine and treat the children who receive KIDSight referrals, and our hope is that, regardless of the results of your examination, you will support Project KIDSight and our efforts to ensure that no visual abnormality impedes a child's ability to succeed in life.

Please complete and return the attached Eye Doctor – Referred Child Report Form by email to **info@lmsf.net** or by fax to **517-887-6642**. We rely upon the information you provide to confirm that each of our referred children receives a complete eye examination and to ensure that our vision screening program provides accurate and reliable information.

The success of Project KIDSight is **very** dependent on the participation and counsel of Michigan eye care professionals. We look forward to working with you to improve the eye care of children in Michigan. Thank you for your help.

Dr. John D. Baker, MD
Medical Director – Project KIDSight Michigan

EYE DOCTOR – REFERRED CHILD REPORT FORM

Referred Child: _____ Date of Birth: _____

Date of Vision Screening: _____ Referral Reason(s): _____

Date of Complete Eye Examination: _____

Eye Doctor: _____ Title: MD ___ DO ___ OD ___

Telephone: _____ Email: _____

Method(s) of Vision Testing: Snellen Letters ___ HOTV – E's ___ Pictures ___ Isolated/Linear ___

Child's Uncorrected Visual Acuity: OD _____ OS _____

Method(s) of Assessing Alignment: Penlight Exam ___ Cover Testing ___

Refraction Cycloplegia: ___ Non-Cycloplegia: ___ OD _____ OS _____

Diagnosis of Amblyopia: Yes ___ No ___ Diagnosis of Amblyogenic Risk Factors: Yes ___ No ___

Strabismus ___ Anisometropia ___ Other _____

Treatment: None ___ Glasses ___ Patching ___ Follow-up ___ Other _____

In your professional opinion, were the results of the Project KIDSight Vision Screening accurate? Yes ___ No ___

In your professional opinion, was the referral from Project KIDSight warranted? Yes ___ No ___

Explanation: _____



Lions of Michigan FOUNDATION



Vision Screening Summary Form

SCREENING DATE: _____

DISTRICT PROJECT NUMBER:

Lions Fiscal Year: _____

3-Digit Project Code: _____ (Assigned By District KIDSight Coordinator)

VISION SCREENING DEVICE / DEVICE SERIAL NUMBER:

_____ / _____

SCREENING LOCATION:

Site Name: _____

Site Contact: _____

Telephone/Email: _____ / _____

County: _____

City/Zip Code: _____ / _____

SCREENING INFORMATION & RESULTS:

Total Event Volunteers: _____

Total Volunteer Hours: _____

KIDSight Vision Technician: _____

Telephone/Email: _____ / _____

Children Screened: _____

Children Passed: _____

Children Unreadable: _____

Children Referred: _____

Monocular Tests: _____

SPONSORING LIONS CLUB OR DISTRICT INFORMATION:

Sponsor – Lions Club & District: _____ / _____

Sponsor's Representative(s): _____

Telephone/Email: _____ / _____

Event & Screening Protocols – Steps for Success

- Select a location for your KidSight screening event and contact your District KidSight Coordinator(s) to schedule your event and obtain training and certification for your event volunteers.
- Community festivals and events, county fairs and large box stores, like Sam's Club, Home Depot and Kohl's that conduct health screenings and community workshops for families and children are great locations for a successful KidSight screening event.
- If you are considering an outdoor event, you will need to schedule the use of a KidSight trailer, and if you do not have access to an electrical source, you will need to also schedule the use of a KidSight generator.
- For indoor events, select locations where natural lighting (sunlight) can be blocked out and artificial lighting can be dimmed.
- Once your event is scheduled, make arrangements with your District KidSight Coordinator(s) to obtain the required KidSight screening forms, the necessary vision screening equipment for your screening event and your 7-digit event Project Number, which will consist of the current Lions fiscal year and an additional 3-digits (for example: 1819-001).
- Next, assemble your KidSight team. For most events, a Certified KidSight Vision Technician and two event volunteers help with coordination, paperwork and record keeping is adequate.
- On the day of your KidSight screening event, make sure to arrive at the event location, at least, one hour early for set-up and to power-up the KidSight equipment.

➤ For your event, you will need:

1. Parental Consent Forms, Referred Child Information & Parental Report Forms, Eye Doctor – Referred Child Report Forms and a Screening Summary Form.
2. An electrical source to provide power for the KidSight equipment and KidSight trailer, if necessary.
3. At least, one table and two chairs for parents/guardians to complete the Parental Consent Forms and any other required paperwork.
4. Two chairs for conducting the vision screenings – one for the child to sit it during the screening and one for the vision screening technician to conduct the screening.

➤ If you are using a KidSight trailer for your event:

1. Stabilize the trailer by putting down the leveling jacks on each corner with the tool located inside the trailer.
2. Connect the trailer to an electrical source using the proper trailer connector and heavy extension cord located inside the trailer.
3. Make sure the battery is charged or charging and connected properly.
4. Make sure the trailer has power at the outlets and the thermostat.
5. If necessary, power-up the heating and air conditioning unit at the thermostat, which is located in the nose of the trailer.

➤ First, you should test the electrical outlets you will be using to ensure that they are working properly – a 3-pronged polarity tester is a good tool for testing electrical outlets to ensure proper wiring, etcetera. Electrical power surges can damage our KidSight equipment.

➤ Plug-in and power-up the printer first and then power-up the vision screener to sync it with the printer. The wireless network symbol on the vision screener's HOME screen should be gray and sync automatically - the printer information should appear in upper left corner of the HOME screen.

- Select the TOOLS icon on the vision screener to ensure that the date and time are correct and to enter the location of your screening.
- Once the vision screening equipment is powered-up and ready for use, place two of your chairs approximately three feet (1 meter) apart – one chair for the child to be screened and one chair for the vision screening technician to conduct the screening.
- For best results, the child's chair should be facing the darkest area of the room.
- Designate an event volunteer to assist parents/guardians and the vision technician with completing and compiling the necessary screening forms.
- Direct the parents/guardians to complete the Parental Consent Form for each child and retain all of the consent forms in an organized pile or folder.
- After a child's consent form is completed and the child is ready to be screened, identify the child's age.
- On the vision screener HOME screen, select the icon that best corresponds to the child's Age Range, and the vision screener will automatically begin the screening.
- When screening the child, try to hold the vision screener such that the child's eyes are centered and square to the frame of the vision screener monitor.
- Follow the directions indicated by the vision screener, such as Too Close or Too Far and adjust your distance very slightly until you notice the vision screener's monitor change from a blueish color to gray - a flashing circle will appear just before the image of the child's eyes is captured.

- If the vision screener indicates Pupils Too Small, you may need to further reduce the lighting.
- When the vision screener has successfully captured the image of the child's eyes, either All Measurements in Range or Complete Eye Exam Recommended will be displayed on the vision screener's monitor.
- If All Measurements in Range is displayed, the child's screening is complete, and no further action is required.
- If Complete Eye exam is Recommended is displayed, select the RETRY icon on vision screener to insure that the results of the screening are accurate and the vision screener did not capture a false reading – sometimes, a false reading will occur if a child moves their head just prior to the vision screener capturing the image of their eyes.
- If Complete Eye exam is Recommended is recommended for the 2nd time, select the EDIT icon, and in EDIT mode, enter the child's Gender, First Name, Last Name and Birth Date (Month/Day/Year – 00/00/0000).
- After you are finished entering the child's personal information in EDIT mode, select OK and the vision screener will return to the "Complete Eye Exam Recommended" screen.
- Press the PRINT icon two times to print one Measurement Report for the parent/guardian and one Measurement Report for our records.
- Write the Date, your event Project Number, and the Reason for Referral on the Referred Child Information & Parental Report Form and direct the child's parent or guardian to complete remainder of the form.

- Provide one copy of the Referred Child Information & Parental Report Form to the parent/guardian with a copy of child's Measurement Report and the Eye Doctor - Referred Child Report Form and retain one copy of the form for our records.
- Advise the parent/guardian to take the child to an eye doctor, as soon as possible, for a complete eye exam and stress the importance of directing the eye doctor to return the completed Eye Doctor – Referred Child Report Form to the Lions of Michigan Foundation office in Lansing.
- Families that require financial assistance for their child's eye exam should contact the Michigan Department of Health and Human Services at 517-373-3740 (toll free: 1-855-275-6424) or the Lions of Michigan Foundation at 517-887-6640 (toll free: 1-800-686-4556).
- Paperclip our copy of the Referred Child Information & Parental Report Form to our copy of the Measurement Report and place them in a separate pile from the Parental Consent Forms.
- Remember to reward each screened child with a sticker, tattoo, candy, etcetera.
- When all screenings are finished, power down the vision screening equipment, organize the paperwork and complete the Screening Summary Form.
- Following the KidSight screening event, return all paperwork (the Referred Child Information & Parental Report Forms and corresponding Measurement Reports - all Parental Consent Forms - Screening Summary Form) and the vision screening equipment to the KidSight District Coordinator.

For School, Agency & Large Group Screenings

- Substitute the use of the Parental Consent Form with either the School – Agency – Group Authorization Form & Participation List or the School – Agency – Group Consent Form.
- Direct the school, agency or group to ensure that the form(s) that they choose to utilize for the screening event is/are fully completed prior to the event.
- One copy of each screening form should be provided to the school, agency or group and one copy of each screening form should be retained by the KidSight team conducting the screening event.
- For each child who receives a Complete Eye exam is Recommended reading during their screening, two copies of the child's Measurement Report should be printed – once copy for the school, agency or group and one copy for our KidSight records.
- Following the screening event, return all paperwork (Measurement Reports for each “Referred” child - School – Agency – Group Authorization Form & Participation List or School – Agency – Group Consent Form – Screening Summary Form) and the vision screening equipment to the KidSight District Coordinator.



Lions of Michigan FOUNDATION



VISION SCREENING CONSENT FORM SCHOOLS – AGENCIES – GROUPS

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 eye glasses, contact lenses and patching when vision problems are detected early in a child's life.

- Project KIDSight is designed to quickly and accurately identify treatable causes of vision loss in young children in a noninvasive and low stress environment. Participation is voluntary, and no fees are charged for a child's vision screening.
- A KIDSight vision screening will produce an electronic image of a child's 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 the vision screening does 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 of a child's vision problems.
- A "Pass" result from a KIDSight vision screening indicates that our electronic vision screener was unable to detect any vision problems for the child.
- A "Refer" result from a KIDSight vision screening indicates that our electronic vision screener has detected that the child may have one or more vision problems, causing vision loss, and the child should be examined by an optometrist or ophthalmologist.

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 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.

____ I further understand that information obtained from my child's participation in Project KIDSight may be used by the "Parties" to manage and improve Project KIDSight and children's vision screenings in Michigan, and my child may be identified by his/her first name and last initial, city/county of residence and the result of his/her screening in reports prepared and shared by the "Parties".

Name: _____ Signature: _____ Date: _____

CONSENT and UNDERSTANDING: School, Agency or Group

____ I understand that the Lions of Michigan Foundation will provide detailed referral information to my school, agency or group for each child who receives a "Refer" result from their vision screening, and the Lions of Michigan Foundation is relinquishing all follow-up responsibility to us to ensure that each referred child receives the necessary follow-up eye care.

School-Agency-Group Name: _____ Date: _____

Representative's Name/Signature: _____ / _____



Lions of Michigan FOUNDATION



VISION SCREENING AUTHORIZATION FORM SCHOOLS – AGENCIES – GROUPS

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 eye glasses, contact lenses and patching when vision problems are detected early in a child’s life.

- Project KIDSight is designed to quickly and accurately identify treatable causes of vision loss in young children in a noninvasive and low stress environment. Participation is voluntary, and no fees are charged for a child’s vision screening.
- A KIDSight vision screening will produce an electronic image of a child’s 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 the vision screening does 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 of a child’s vision problems.
- A “Pass” result from a KIDSight vision screening indicates that our electronic vision screener was unable to detect any vision problems for the child.
- A “Refer” result from a KIDSight vision screening indicates that our electronic vision screener has detected that the child may have one or more vision problems, causing vision loss, and the child should be examined by an optometrist or ophthalmologist.

CONSENT and UNDERSTANDING

_____ I have read and understand the information presented on this form, and in consideration of our being permitted to participate in this activity, I 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.

_____ I further understand that information obtained from our participation in Project KIDSight may be used by the “Parties” to manage and improve Project KIDSight and children’s vision screenings in Michigan, and children may be identified by their first name and last initial, city/county of residence and the result of the child’s vision screening in reports prepared and shared by the “Parties”.

_____ I further understand that the Lions of Michigan Foundation will provide detailed referral information to my school, agency or group for each child who receives a “Refer” result from their vision screening, and the Lions of Michigan Foundation is relinquishing all follow-up responsibility to us to ensure that each referred child receives any necessary follow-up eye care.

School-Agency-Group Name: _____ Date: _____

Representative’s Name: _____ Signature: _____

City: _____ Zip Code: _____ Telephone: _____

Website: _____ Email: _____

