



Lions/Lions Clubs District A 16
Vision and Hearing Screening Permission Form



Durham Catholic District School Board

The vision and hearing screening program is provided to your child in senior kindergarten and Grade 1, as specified by your local Lions club. This is a free service by the Lions or Lioness Club in your community.

This screens how well the child can see with each eye, how well he or she can see at a distance, and how well both eyes work together (depth perception). The screening instruments used make no physical contact with your child and do not require eye drops. This screening can detect the presence of vision problems which could place your child at risk for developing amblyopia (“lazy eye”), as well as vision problems that can delay reading and learning.

A yearly eye exam is covered by OHIP for children under 18; it is highly recommended that visits to an optometrist become part of your child’s health routine. If you have any further concerns regarding your child’s vision, consult an eye care professional or your family health care contact. The purpose of this screening is to identify children at risk of potentially having vision loss that is **preventable** and to notify parents of the need for a complete eye examination for those children who do not pass the screening.

This screening will be conducted by the Lions Club volunteers on

(date) _____ at (location) _____.

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

1. There is no charge for my child to participate in the vision screening process.
2. The information obtained from this screening is preliminary only, and does not constitute a diagnosis of vision problems.
3. I will be contacted by the Lions screeners via communication from the school with my child’s screening results.
4. I understand that I am responsible for arranging for a full eye exam if my child has been referred as a result of the vision screening test.
5. I will not hold the Lion’s Club accountable for any errors of commission, omission or other misdiagnosis.
6. By signing this form I do not waive any of my legal rights.

I also give permission for my child’s hearing to be screened at this time. Yes _____ No _____

Child’s Name: _____ Date of Birth: _____ Gender: M / F

Parent or Guardian’s Name (please print): _____

 Signature of Parent or Guardian

 Date

May we share the results with your school? Yes _____ No _____