



Lions of Illinois Foundation Retinal Eye Screening

PERMISSION SLIP FOR RETINAL EYE SCREENING

For Children Ages 10 – 17

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ TELEPHONE: _____

_____ Zip: _____

SIGNATURE OF PARENT/GUARDIAN: _____

Parent/Guardian Consent to Diabetic Eye Screening

We hereby certify that we are the parents or legal guardians of the child identified above as a registrant for the Lions of Illinois Foundation Diabetic Eye Screening Program. We hereby give our permission for our child to participate in that screening program. We understand that our child will have a picture taken of the eye done by a technician employed by the Lions of Illinois Foundation.

Acknowledgement of the Nature of Diabetic Eye Screening

We understand that once the picture is taken it will be sent to the main offices of Illinois Retina Associates in Harvey, Illinois, where it will be reviewed by one of their retinal specialists who are specially trained in the Diagnosis of diabetic retinopathy. We understand that results will be returned to us. We also understand that it will be entirely our responsibility to obtain further testing and/or treatment in the event that this screening indicates that our child has a problem.

Indemnification Agreement

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation and Illinois Retina Associates and their employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Lions of Illinois Foundation Diabetic Eye Screening Program except for such liabilities, claims or demands which result from any injury or loss caused solely by the negligent or otherwise wrongful act or omission of the Lions of Illinois Foundation and Illinois Retina Associates, their respective employees, agents or representatives.

DATE: _____

SIGNED: _____

(Please Print)

SIGNED: _____

(Please Print)

At least (1) Parent/Guardian must sign

2254 Oakland Drive, Sycamore, IL 60178
Phone: 815-756-5633; Fax: 815-748-9087