



Lions of Illinois Foundation

VISION and HEARING

Parent Consent Form

Permission Form for Screening Children Under 18 years of age

**THIS SECTION TO
BE COMPLETED
BY LIONS**
(circle one)

Vision	Hearing
P / R	P / R
P / R	P / R
P / R	P / R
P / R	P / R
P / R	P / R

Child's Name: _____ D.O.B. _____
(please print)

Child's Name: _____ D.O.B. _____
(please print)

Child's Name: _____ D.O.B. _____
(please print)

Child's Name: _____ D.O.B. _____
(please print)

Child's Name: _____ D.O.B. _____
(please print)

Address: _____ Telephone: _____

Parent/Guardian Consent to LIF's Children Vision and Hearing Screening Program

We hereby certify that we are the parents or legal guardian(s) of the child(ren) identified above as a registrant for the Lions of Illinois Foundation Hearing and Vision Screening Program. We hereby give our permission for our child(ren) to participate in this program. We understand that our child(ren) may undergo a basic hearing screening and also have a screening picture taken of their eye(s) conducted by the Lions of Illinois Foundation. We also understand that interested volunteers may assist the technician with certain aspects of the basic screening and that no physician or audiologist will be present during our child's hearing and/or vision screenings.

THIS IS A SIMPLE PASS OR REFER SCREENING SYSTEM.

Acknowledgement of Limited Nature of Hearing Screenings

We understand that the hearing screening which our child(ren) will receive will be a very basic screening of hearing sensitivity and will not be equivalent to a medical examination of our child(ren) ears or to a comprehensive testing of our child(ren) hearing. We understand that many types of ear or hearing problems might not be detected by this simple hearing screening. Therefore, we understand that our child(ren) should have ear examinations and hearing tests performed by competent professionals on a regular basis even if this hearing screening indicates no current hearing problems. We also understand that it will be entirely our responsibility to obtain further testing and/or treatment in the event that this screening test indicates that our child(ren) might have a significant hearing problem. **THIS IS A SIMPLE PASS OR REFER SCREENING SYSTEM.**

Acknowledgement of the Nature of Vision Screenings

Lions Club(s) in conjunction with the Lions of Illinois Foundation, conduct a free vision screening for all children. The screening equipment being used may determine the presence of eye disorders, including but not limited to far and near sightedness, astigmatism, anisometropia, and strabismus. The screening is completed by using a photographic process from a distance of three feet. The information obtained from the vision screening is preliminary only, and it does not constitute a complete eye exam or a diagnosis of vision problems. Should this preliminary screening indicate any abnormality, a complete eye examination and any follow-up care is solely my responsibility. The vision screening does NOT meet the requirements of the Illinois Child Vision and Hearing Test Act. **THIS IS A SIMPLE PASS OR REFER SCREENING SYSTEM.**

Indemnification Agreement

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation and its 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 Hearing and Vision 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, its respective employees, agents or representatives.

Initial

Consent to take and use of Photographs and Video

We hereby give our permission for photos and videos to be taken of our child(ren) during these screenings and for the publication or other use of such photographs and videos for Public Relations, Fundraising, Social Media or any other purpose reasonably related to the operation or promotion of program. Child's name will not be disclosed.

By providing my signature below, I represent that I have read, understood, and agree to be bound by the above, as a Parent/Legal Guardian of the minor(s) named herein.

Date: _____ Signed: _____
(Parent/Guardian Signature) (Please Print Name)