

Unite For Sight Free Preliminary Vision Screening Parental Consent Form

Unite For Sight, Inc.® is a 501(c)3 nonprofit organization that empowers communities worldwide to improve eye health and eliminate preventable blindness. With 4,000 volunteers in ninety chapters established at universities, medical schools and in communities worldwide, Unite For Sight works to build healthier communities through eye disease prevention, eye health promotion, and health education. Each chapter works with local community infrastructures to improve access to health programs.

An estimated 10 million children age 10 and younger have vision problems that hinder learning. Amblyopia, or lazy eye, causes permanent blindness in the weak eye if it is not diagnosed and treated by a physician by the age of 5. 500,000 children in the United States become blind in one eye each year primarily because they never had a vision screening to diagnose and treat amblyopia. 48% of parents report that they have never taken their child aged 12 or under to an eye care professional. Research indicates that 70% of the 2 million school-age children who have difficulty reading have some form of visual impairment--such as ocular motor, perceptual, or binocular dysfunction.

Vision Screenings

Vision screenings are conducted at local community centers, including preschools, schools, soup kitchens, homeless shelters, and libraries.

THE FREE VISION SCREENING BY A UNITE FOR SIGHT STUDENT VOLUNTEER IS NOT INVASIVE

- The child stands on a line 10 feet from the vision screening chart, covering one eye with a piece of paper
- The child reads the shapes s/he sees on the chart ("Apple," "Circle," "Square," "House.")
- The child's visual acuity is recorded and reported to the parent or guardian.
- The screening will help you to determine if your child requires an immediate examination by a physician to diagnose and treat a potential eye problem.
- Applications for free health coverage programs will be provided to parents so that those who qualify will receive a free eye examination by a physician for themselves or their children.
- The screening report will be given to your child's teacher who will give the report to your child to bring home.

NOTE: All information will be confidential and used solely for screening and research purposes. The free screening performed by Unite for Sight volunteers is not the practice of medicine. Always seek the advice of a doctor related to the care of your eyes. The screening provided by Unite for Sight volunteers is for informational purposes only and is not a substitute for professional medical advice, diagnosis or treatment.

By participating in this free vision screening and vision education program, the participant agrees to indemnify, hold harmless, and release Unite For Sight and its volunteers from any injury and any and all liability for injury suffered that arises during this noninvasive screening, and participant assumes all risk for any such injuries.

AGREEMENT TO RECEIVE FREE PRELIMINARY UNITE FOR SIGHT VISION SCREENING: This consent form contains important information to help you decide if you want your child to receive free preliminary vision screening by Unite For Sight student volunteers. If you have any questions that are not answered in this consent form, please ask your child's teacher.

Answer these questions by writing YES OR NO

- a. Have you understood this consent form? _____
- b. Have you received enough information about the vision screening? _____

If you answered **no** to any of the questions listed above, you should not sign this consent form.

By signing this form you agree that:

- You are the parent or guardian of this child and that the child may receive a free, noninvasive preliminary vision screening by a Unite For Sight student volunteer
- In consideration of participation in Unite For Sight's vision screening and vision education program, to indemnify, hold harmless, and release Unite For Sight from any injury and any and all liability for injury suffered by my child arising during this noninvasive screening, and you assume all risk for any such injuries.

Name of child: _____

Signature of Parent or Guardian Giving Consent

Date

Printed Name of Parent or Guardian Giving Consent

Revised September 2006



Unite For Sight, Inc.® Free Preliminary Vision Screening Report
www.uniteforsight.org

Name of Child : _____

Date of Vision Screening : _____

Your child's visual acuity was determined by a free preliminary vision screening performed by Unite For Sight student volunteers.

Please check one :

This preliminary vision screening indicated that your child has good vision in both eyes. However, this screening is not conclusive, and your child's eyes should be examined regularly by an eye doctor.

Your child has difficulty seeing distant objects. S/he should be examined by an eye doctor. Poor visual acuity may influence school performance.

It is strongly suggested that you bring your child to an eye doctor for a full examination. The visual acuity of your child's right and left eyes were significantly different, which could be an indicator for an eye condition such as amblyopia (lazy eye) or strabismus (cross eye). Amblyopia and strabismus must be diagnosed and treated by an eye doctor in order to prevent the possibility of permanent blindness. Please be aware that this Unite For Sight vision screening was a preliminary test done by laypersons, and it is not conclusive. An examination should be done by an eye doctor.

Name of Unite For Sight Vision Screener : _____

Unite For Sight Chapter Affiliation : _____

If you have any questions regarding this Unite For Sight vision screening, please contact JStaple@uniteforsight.org

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