Lions Eye Health Programme

Vision Screening Consent Form

Lions Eye Health Programme
New Zealand

School Return Email _____

Please complete this form electronically, save the completed PDF, and email it back to the school using the address above.

Child Details

Screening Date _____

Parent/Guardian Name _____

Child's Name _____

Class _____

Consent & Permissions

My child is under the care of an optometrist or has had an eye exam in the past 12 months.	☐ Yes	☐ No
Permission for my child to participate in the free vision screening programme.	☐ Yes	☐ No
I understand this is not a full eye examination.	☐ Yes	☐ No
Permission for photographs to be used in LEHP publications or website.	☐ Yes	☐ No
Permission to provide screening results to school administration.	☐ Yes	☐ No

Signature

Parent/Guardian Signature _____
(Typed name accepted)

Date _____