Lions Eye Health Programme
New Zealand

MEMORANDUM OF UNDERSTANDING

Lions Club:	
Address:	
Lions Club Representative and Contact Details:	
Facility:	
Facility Representative and Contact Details:	
Validity Period to Cover Vision Screening Session Schedule:	

This Memorandum of Understanding between the **Lions Club** and **Facility** named above is for the purpose of engaging the Lions Club to conduct vision screening at the nominated **Facility** address in accordance with Lions Eye Health Program – New Zealand requirements.

The **Lions Club** will perform four vision screening assessments including; Visual Acuity, Colour Vision, Depth Perception and Spot Vision Camera analysis. A results sheet will be administered per individual and provided to the **Facility** for individual distribution, unless informed otherwise. General group results will also be provided to the **Facility** by the **Lions Club**.

The facilitating Lions members will comply with all policies and procedures as advised by the **Facility**. The Lions members are covered by Lions New Zealand Public Liability Insurance - a certificate can be presented upon request.

The **Facility** will distribute consent forms (provided by the **Lions Club**) to all parents/legal guardians, ensuring participation is limited to those with signed approval and those who are not currently under the care of an optometrist. Any forms obtaining personal details will be returned to the Facility for their appropriate disposal or record keeping.

The **Facility** will ensure that a member of their staff will:

- Coordinate the provision of a screening room/area that is suitable for vision screening purposes.
- Provide student identification numbers and first names / initials for all children participating in the screening.
- Coordinate with **Lions Club**, the recording, and distribution of student identification numbers onto individual student result slips.
- Schedule groups of children to be present at the screening room/area and enable smooth transition of the children through the screening assessments.
- Is present in the screening room whenever children are being screened.
- Arranges distribution of individual result letters with attached Spot Vision Camera results (if applicable) to the child's parent/guardian.

Lions Club Signatory	**Facility Signatory**
Name:	Name:
Position:	Position:
Signature:	Signature:
Date Signed:	Date Signed: