



DISTRICT 50 VISION SCREENING Parent Consent and Results Form



Club: _____

CONFIDENTIAL

School: _____

CONFIDENTIAL

Name:

Date: ___/___/___

Student Last Name, First Name NO NICK NAMES PLEASE PRINT

SY 2018-2019

PreSchool

S12

Grade: _____

Room: _____

Age (Yrs): _____

Station: _____

Parent Signature: _____

Will your child participate in the vision screening? ___ Yes ___ No

Students MUST wear their glasses to the screening!

Screening Results

Congratulations, your child has Passed the Vision Screening.

Your child did not pass the Vision Screening. Please continue reading

DISTANCE VA			
Age	3yr	4yr	5yr+
Eye	50	40	32
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

/ = Pass
X = Did Not Pass

S12 - Yes

Unable To Test

PlusOptix S12 Results		
OD		OS
___ dpt	Sphere	___ dpt
___ dpt	Cylinder	___ dpt
___	Axis	___
___ mm	Pupil	___
Pupil Distance		___ mm
Gaze		___ mm

Aloha! Courtesy of your local Lions Club, your child received a Vision Screening in school and was unable to pass. This does not mean that s/he needs glasses, but it does mean that your child should be examined by an eye doctor to assure that s/he can see to learn. Any questions you have need to be directed at your eye care provider. They have the knowledge and expertise to handle your concerns.

Also courtesy of the Hawaii Lions, if you do not have medical insurance as determined by your eye care provider, the Lions will assist you with payment of the eye examination and a pair of glasses up to a combined value of \$150. Please contact your school who will be able to put you in touch with your Lions Club.

Thank you for your assistance and cooperation.