Preschool & Kindergarten Students Only



Iowa KidSight Consent Form



Date of Screening:		
Has this child seen an <u>eye</u> doctor within the last year?	□ No	☐ Yes
f yes, the screening is not necessary. Continue appoi	ntments	with your eye doctor.

Free vision screening will be offered to children by a local Lions Club. Screenings are in conjunction with lowa KidSight, in the Department of Ophthalmology and Visual Sciences at the University of Iowa Stead Family Children's Hospital. Vision screening produces images of a child's eyes to determine the presence of eye disorders including far- and near-sightedness, astigmatism, anisometropia (unequal refractive power), strabismus (misaligned eyes), and media opacities (e.g., cataracts). No physical contact is made with a child and no eye drops are used during the vision screening. This screening is approximately 85-90% effective in detecting problems that can cause reduced vision.

Participation is voluntary. This screening is designed for children 6 months of age through Kindergarten. Children who are younger than 6-months old will not be screened. No child will be screened without a signed and completed consent form. Each individual child needs his/her own consent form. If you have questions, please contact: Iowa KidSight, 2431 Coral Court #5, Coralville, Iowa 52241, or 319-353-7616, or kidsight@uiowa.edu.

Please print or type the information below:

Child's Name	First	Middle	Las	(_) Initials
Male Female			// (MM/DD/YY)	Child's A	је
Parent's Name					
Address			City	z	ip
Home Phone (_)	w	ork Phone ()	
Cell Phone ()	E	-mail address _		
I, the undersigned to participate in th					

- 1. The information obtained from this screening is preliminary only and does not constitute a diagnosis of vision problems.
- I will be contacted with the results of the screening through lowa KidSight at the University of Iowa Stead Family Children's Hospital, or through my child care provider who aided in arranging the screening. I may be contacted regarding follow-up for vision referral by Iowa KidSight staff.
- 3. This screening result may satisfy the requirement for vision screening upon entry to kindergarten, and may be recorded in the Iowa Immunization Registry.
- 4. I am responsible for arranging a full eye examination with a doctor of my choosing if my child has been referred as a result of the vision screening. Iowa KidSight recommends a dilated eye examination.
- 5. The results of your child's eye examination will be shared with Iowa KidSight as a means to help evaluate the screening program's effectiveness.
- 6. Iowa KidSight will maintain the confidentiality of all records and results.
- 7. I will not hold the Lions Club and its volunteers, Lions Clubs organizations, University of Iowa Stead Family Children's Hospital, or affiliates, accountable for any errors of commission, omission or other misdiagnosis. There are no foreseeable risks to participating in the Iowa KidSight vision screening.

Signature of Parent or Guardian	Date