



Wisconsin Lions Children's Vision Screening Toolkit

With support from the Wisconsin Lions Foundation, Prevent Blindness Wisconsin developed this toolkit to maximize the independence of the Lions and Lioness Clubs that conduct vision screenings and to simplify the process as much as possible.

This toolkit includes a sample of the **Lions Club Screening Kit**. All materials can be copied for use at certified Children’s Vision Screenings and can be found on our website. To obtain a copy of the Wisconsin Lions Foundation vision screening posters (free) and stickers (for a charge), please contact Elizabeth Shelley, Wisconsin Lions Foundation Administrative Assistant, for more information.

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Prevent Blindness Wisconsin and the Wisconsin Lions Foundation

Since 1998, the Wisconsin Lions Foundation and Prevent Blindness Wisconsin have worked together to help fight against blindness and ensure that every child – from six months to eighteen years – sees properly.

Children’s Vision Screenings

A Children’s Vision Screening is a simple screening that utilizes a scientifically-validated and approved screening protocol. Using recommended tools, protocols, and procedures and conducted by a Certified Children’s Vision Screener trained by Prevent Blindness Wisconsin, vision screening is a cost-effective method to identify children who should continue on for a follow-up comprehensive eye examination with an eye doctor for diagnosis and treatment of vision disorders.

Why do we need Children’s Vision Screenings?

More than 12.1 million school-age children, or one in four, have some form of a vision problem. If not detected and treated early, these conditions could lead to permanent vision loss.

What happens at a Prevent Blindness Wisconsin Children’s Vision Screening?

Children’s Vision Screenings must be conducted by screeners who have completed the Prevent Blindness Wisconsin Certified Children’s Vision Screener Training. At a vision screening, screeners:

1. Check the child’s eyes for signs of vision problems.
2. Test the child’s visual acuity. This measures a child’s ability to see detail from a distance. Children who go untreated with a visual acuity problem may have trouble seeing the blackboard or computer screen at school or have difficulty performing well in sports.
3. Conduct follow-up, either through phone calls or letters with the parents of children who are referred.

Materials, Equipment and Cost

VIP Crowded Acuity Test (3-5 year olds) or Snellen/Sloan Chart (6 years and older)	\$58.00 or \$14.00 – <i>Depending on the chart you choose</i>
Educational brochures, such as “Your Child’s Sight” and “Amblyopia”	Provided free of charge by Prevent Blindness Wisconsin
Referral paperwork/follow-up letters	Master copy provided by Prevent Blindness Wisconsin
Web-based resources on children’s vision problems, treatments, etc.	Available free of charge on the Prevent Blindness Wisconsin website
Training/Certification	Provided free of charge by Prevent Blindness Wisconsin

Training, Certification and Support

Certified Children's Vision Screening Trainings are conducted by Prevent Blindness Wisconsin. The course includes an overview of children's vision problems, training in the Prevent Blindness children's vision screening procedures, and a review of referral criteria. Certification is obtained upon completion of the training course and is valid for three years.

Children's Vision Screening Protocol

The purpose of protocol is to ensure that children's vision screenings are accomplished using valid, reliable, and age-appropriate tools and methods by individuals who completed a Prevent Blindness Wisconsin certified Children's Vision Screener Training.

Preschool-age Vision Screening

The goal of preschool vision screenings is to identify signs of potential vision disorders including amblyopia, strabismus, significant refractive error, and associated risk factors.

The following recommendations were developed by the National Expert Panel to the National Center for Children's Vision and Eye Health, sponsored by Prevent Blindness, and funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration, United States Department of Health and Human Services. The recommendations describe both best and acceptable practice standards.

The best practice vision screening methods for children aged 36 to younger than 72 months include:

1. **Optotype-Based Screening:** monocular visual acuity testing using single HOTV letters or LEA symbols surrounded by crowding bars at a 5-ft. (1.5m) test distance.
 - a. Eye charts **do** measure visual acuity.
 - b. Measure amblyopic risk factors such as: significant refractive errors, anisometropia (unequal refractive errors), eye misalignment, and cataracts.

2. **Instrument-based Screening:** Retinomax Autorefractor or SureSight Vision Screener
 - a. **Do not** measure visual acuity
 - b. Provide information about refractive errors
 - c. Measure amblyopic risk factors such as: significant refractive errors, anisometropia (unequal refractive errors), eye misalignment, and cataracts.

Note: Using the Plusoptix Photoscreener or Welch Allyn Spot Vision Screener is considered **acceptable** practice.

Screening vision with optotype-based tests may be accomplished in children as young as 3 years. However, instrument-based screening remains an acceptable alternative for ages 3 to 5 years. The vast majority of children are able to perform optotype-based screening with a high degree of success and reliability by age 5 years.

Photoscreening and autorefraction have now been recognized by the United States Preventative Services Task Force (USPSTF) as appropriate methodology for vision screening of children aged 3-5 years. Instrument-based vision screening for amblyogenic refractive error is recommended for children aged younger than 4 years, according to updated guidelines from the American Academy of Pediatrics (AAP).

School-age Vision Screening

The goals of vision screening in school-aged children (6-17 years) differ from those aged 5 and younger. The goal of the screening program for school-aged children shifts from a primary focus on prevention of amblyopia and detection of amblyopia risk factors to detection of refractive errors and other eye conditions that could potentially impact the students ability to learn or to affect their academic performance.

Sloan letters at 10 feet is the recommended screening method for school-aged (6-17) children. This preferred practice guideline is recommended by the American Academy of Ophthalmology Pediatric Ophthalmology & Strabismus Panel (2012) and AAPOS (2014).

Most children are able to participate in optotype-based screening with a “high degree of success and reliability by age 5” (AAPOS 2014). Therefore, instrument based screening is not recommended for mass screenings of school-aged children.

VISION SCREENING TOOLS FOR CHILDREN – COMPARISON CHART

	Chart-based screening	Instrument-based screening
Recommended for use on ages 3-5	✓	✓
Recommended for use on ages 6 and older	✓	
Can detect amblyopic risk factors	✓	✓
Can detect anisometropia (unequal refractive error)	✓	✓
Can detect significant refractive errors	✓	✓
Can detect misalignment of the eyes (strabismus)	✓	✓
Can detect the presence of media opacities (cataract)	✓	✓
Requires a child’s attentiveness and responses	✓	
Provides a visual acuity result	✓	
Provides printout of refraction for eye glasses*		✓
Provides diagnostic results*		✓
Cost Range	\$14-\$58 per chart	\$4,000-\$8,000 per tool

*Screeners should **not** provide the detailed printout/diagnostic results from the instrument based screening tools; instead, children who do not pass the screening must be referred to an eye care professional for diagnosis and treatment.

Getting Started: How to set up a Children's Vision Screening Group

To successfully set up a screening group in your community, follow these steps:

1. Ensure that your club is committed to this project and is prepared to provide financial resources and volunteers.
 - a. Identify two co-chairs responsible for ongoing project coordination.
 - b. Identify at least five people to become Certified Children's Vision Screeners.
Volunteers must have daytime availability.
2. Attend a Children's Vision Screener Training. Contact your District Vision Screening Chairperson for more information about upcoming Children's Vision Screener Trainings in your community. If possible, schedule screening dates shortly after the training session. The best way to become proficient vision screeners is to screen as much as possible shortly after the training session.
3. Contact the daycares and preschools in your community.
 - a. Send the enclosed "New Preschool/Daycare Letter" (see Appendix A) to the preschool/daycare directors in your community. Please contact Prevent Blindness Wisconsin for a list of preschools/daycares in your area.
4. Follow up with a phone call to each director. Ask if he/she would like your club to provide the service. If the director would like more information, direct them to Tami Radwill, Program Director at Prevent Blindness Wisconsin.
5. Prepare for the screenings.
 - a. At the training, the co-chairs will receive a packet of information on how to prepare for and what is needed at a vision screening (see Appendix B). The packet includes master copies of all forms that need to be copied and a supply order form for educational brochures.
 - b. Confirmation packets should be sent to the preschool/daycare directors.
 - c. Make copies of all of the necessary forms.
6. Confirm the location and time of the screenings with the screening team.
7. Start screening! Screen the 3 to 5 year-old children at the preschools and daycares in your community. *If you are interested in screening school-age children, contact the local school nurses to see if they need any assistance.*
8. Report screening activity to Prevent Blindness Wisconsin. Please make a copy of the **registration form** and fax, scan, or mail it to Prevent Blindness Wisconsin in a timely manner. Submit the registration form by December for fall Screenings and June for spring screenings.

Appendix A

New Preschool/Daycare Letter Sample

[Insert Date]

[Center Name]

[Address 1]

Dear Preschool/Daycare Director,

Since 1998, the Wisconsin Lions Foundation and Prevent Blindness Wisconsin have worked together to help fight against blindness and to ensure that every child – from six months to eighteen years – sees properly.

One way we achieve this goal is by offering free vision screenings for preschool-age children. A children's vision screening is a systematic approach to identifying children with potential vision problems. The purpose is to identify and refer children with potential vision problems to an eye care professional for further examination, diagnosis, treatment, and follow-up.

What does a screening include?

- Observations – Looking at the appearance, behavior, and complaints of children
- Distance Visual Acuity (chart) or Instrument Screening
- Follow-up

Why is preschool vision screening so important?

- 80% of a child's learning is visual
- Certain vision problems, such as Amblyopia (lazy eye), must be identified before a child is six to ensure successful treatment
- Vision problems can be detected through a simple vision screening

To schedule a screening, our Lions Vision Screening Coordinator will contact you, the center, and will then recruit club members to come assist. Two to three weeks before the screening, your center will receive a "Pre-Screening Packet". This includes directions, brochures for parents, and more. If you would like a sample packet, please let us know.

After the screening, our Lions Vision Screening Coordinator will follow up with your school/center to ensure that all referred children receive care and to answer any questions the children's parents may have.

We screen throughout the school year (September – May) and are eager to work with you and your staff to provide screening for your children. Thank you for taking the time to give each child's vision a chance.

Sincerely,

[Insert Name]

Appendix B

Lions Club Screening Kit Sample

Order of Contents

Supply Order Form

Screening Confirmation Letter

Registration Form | Ages 3-5

Registration Form | Ages 6+

Intro to Symbols

Happy Feet

Glasses Pattern

Results Brochure

Sample Follow-Up Letter – English

Sample Follow-Up Letter – Spanish

Success Story Form



To:

Date:

The _____ Lions / Lioness Club and Prevent Blindness Wisconsin is pleased to offer the children at your center a free vision screening. Certified screeners will be at your center on:

Date:

Time:

TWO WEEKS BEFORE THE SCREENING

- ◆ Post the enclosed poster prominently for your parents' viewing.
- ◆ Distribute one of the enclosed brochures to each family.

ONE WEEK BEFORE THE SCREENING

- ◆ Using the enclosed **Introducing The Games To Your Children** sheet, start practicing the games with children 3 years of age and older.
 - ◆ Emphasize that the vision screening is a game. We do not want the children to worry about a test.
 - ◆ Cut out and color a pair of glasses to be used as "nametags" during the screening. *Please be sure all children write their first name on the glasses.*
- NOTE:** If your center chooses not to decorate and cut out glasses, please have each child wear a nametag.
- ◆ Please fill out the enclosed **Registration Form**. On the form, please indicate any concerns you have about a child's vision or eyes, and check the glasses box if a child normally wears glasses.

DAY OF THE SCREENING

- ◆ **Have the completed Registration Form ready for the screeners when they arrive.**
- ◆ Volunteer screeners will arrive 15 minutes before the start time to set up.
- ◆ Bring the children to the screening area in groups of no more than four children. Children feel more secure if an adult they are familiar with is in the screening area.

Chart Screening
 Provide a well-lit and quiet area with an 8-10 foot lane for the screening.

Instrument-based Screening
 Provide a quiet area, with access to an electrical outlet that has controllable lighting for screening.

DAY OF THE SCREENING FOLLOW UP

- ◆ Each family will receive a results brochure with their child's vision screening results.
- ◆ **If a child does not pass the screening**, the certified Prevent Blindness Wisconsin Screeners will request the family's name, address and telephone number for follow-up contact. Prevent Blindness Wisconsin will contact the parents through mail to both remind and confirm that their child has been seen by an eye care professional.
- ◆ **If your facility cannot provide this information**, please help us with the follow-up procedure by talking to the parent about the importance of following through with an eye exam. Check back with the parent periodically until the child has been seen by an eye care professional. Any follow-up information will remain confidential.

This service is offered free of charge by certified screeners from Prevent Blindness Wisconsin. Please call _____ at _____ if you have any questions, or contact Prevent Blindness Wisconsin at (414) 765-0505.



**Preschool-age (3-5 years)
Registration Form**

Center Name (no abbreviations):
Center Address:
Date:

TO BE COMPLETED BY SCREENERS:

Screening Tool Used (circle): **Chart** **Plus-Optix** **SPOT**

Total Screened: _____ Total Referred: _____

Teachers: Please complete the "Child's Name" to the "Absent" sections before the screening.

Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments (<i>Appearance, Behavior, Complaints</i>):	Referral Information	
1					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
2					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
3					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
4					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
5					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
6					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
7					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
8					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
9					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
10					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
11					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
12					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
13					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
14					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
15					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
16					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
17					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
18					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
19					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
20					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left

SCREENING DIRECTIONS: The child needs to get at least 3 out of 4 in both sections 1 and 2 in order to pass. If the child does not pass section 1 on the first try, move to the Baseline Flip Book and then try section 1 again. Do the same with section 2. REFER the child if he/she does not pass on the second try.



**School-age (6-17 years)
Registration Form**

Center Name (no abbreviations):
Center Address:
Date:

TO BE COMPLETED BY SCREENERS:

Total Screened: _____

Total Referred: _____

Teachers: Please complete the "Child's Name" to the "Absent" sections before the screening.

Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments (<i>Appearance, Behavior, Complaints</i>):	Distance Vision		RECHECK		Refer?
					Right Eye	Left Eye	Right Eye	Left Eye	
1					20/	20/	20/	20/	
2					20/	20/	20/	20/	
3					20/	20/	20/	20/	
4					20/	20/	20/	20/	
5					20/	20/	20/	20/	
6					20/	20/	20/	20/	
7					20/	20/	20/	20/	
8					20/	20/	20/	20/	
9					20/	20/	20/	20/	
10					20/	20/	20/	20/	
11					20/	20/	20/	20/	
12					20/	20/	20/	20/	
13					20/	20/	20/	20/	
14					20/	20/	20/	20/	
15					20/	20/	20/	20/	
16					20/	20/	20/	20/	
17					20/	20/	20/	20/	
18					20/	20/	20/	20/	
19					20/	20/	20/	20/	
20					20/	20/	20/	20/	

SCREENING DIRECTIONS: Children 6 and over need to get at least 3 out of 5 correct on the 20/32 line to pass. If the child does not pass on the first try, move him or her to another line and screen again. REFER the child if he or she does not pass on the second try.

INTRODUCING THE GAME TO YOUR CHILDREN

Dear Teachers,

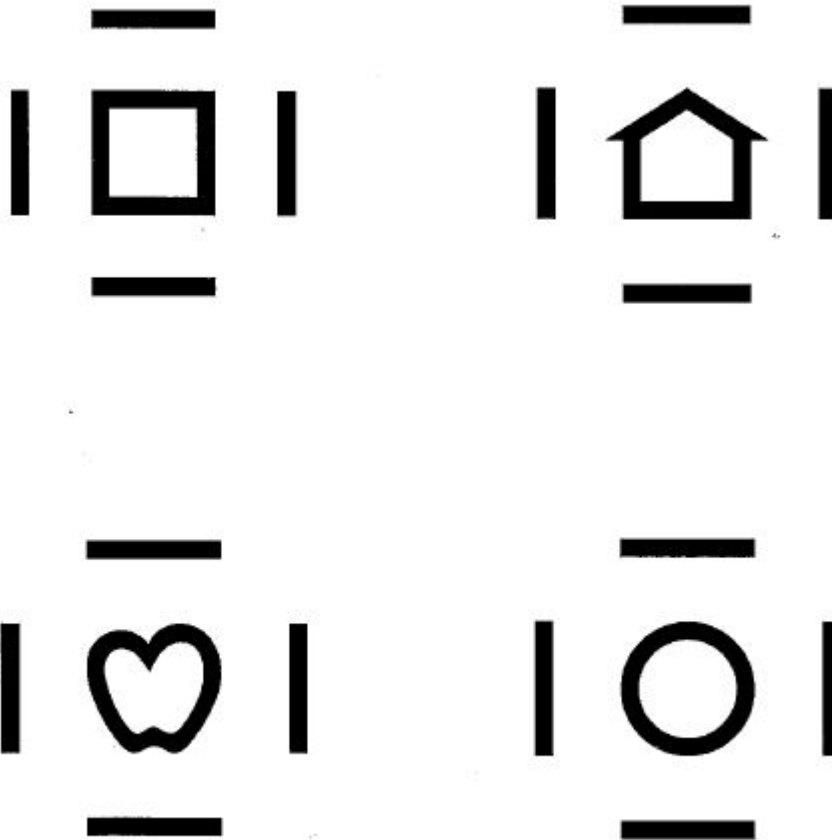
Before your vision screening, it is important that you:

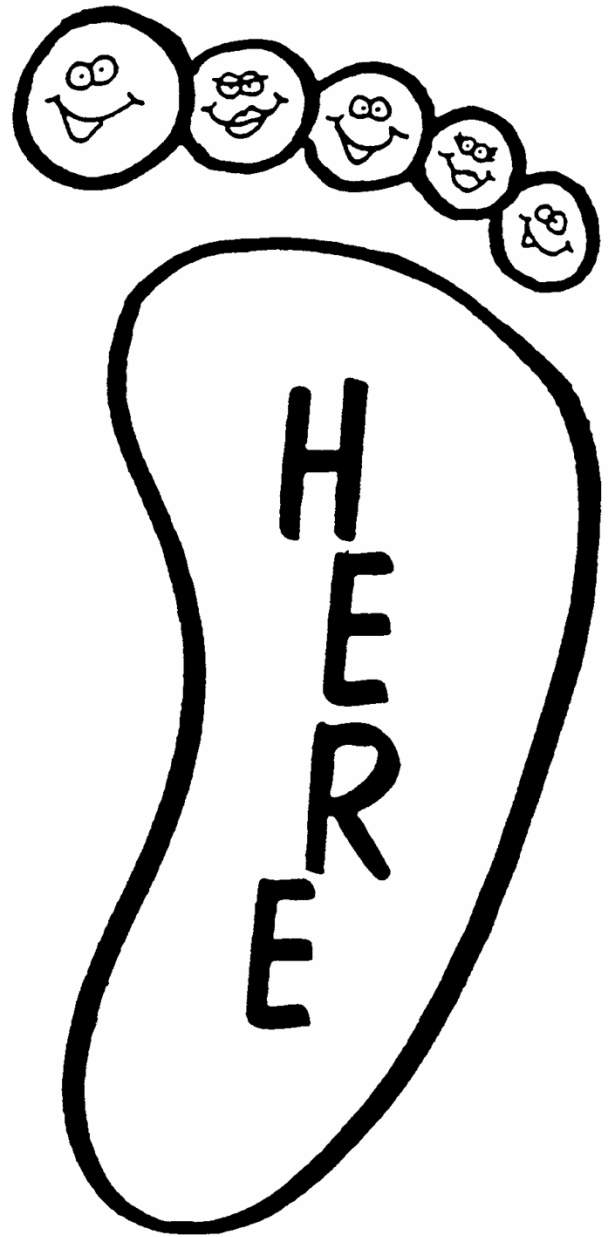
- Explain and practice the game with the children one week before your screening.
- Approach the activity as a GAME, not a test.

The Picture Game

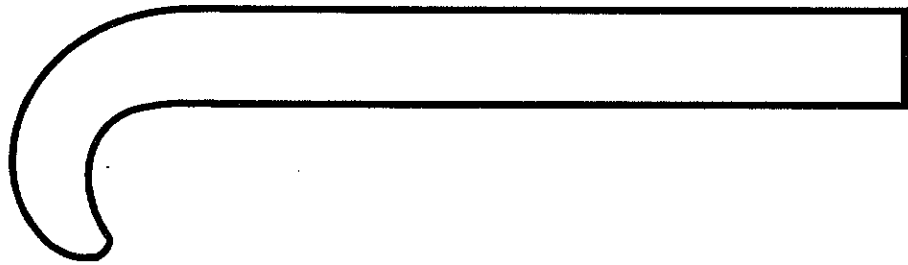
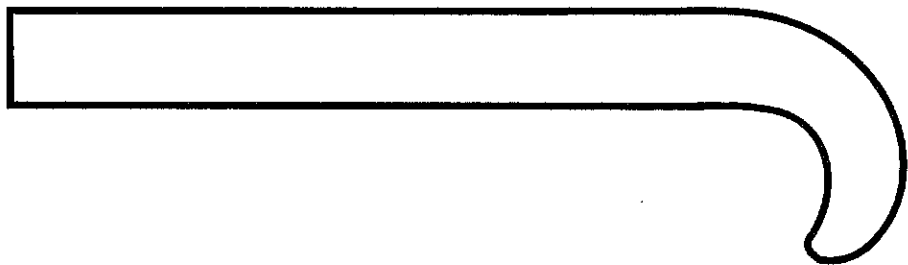
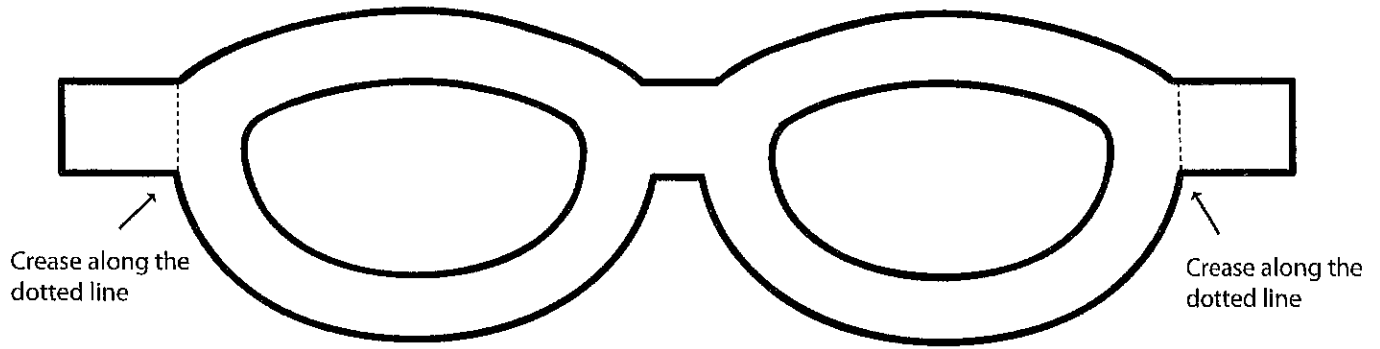
1. To play, the child just names the pictures they are shown.
2. Together with the children decide what to call the pictures.
You might pick: SQUARE HOUSE APPLE BALL
3. Give each child a turn to tell you the name of each picture.
4. Explain that the screener will gently cover one eye at a time with a pair of glasses so that each eye gets to play the game alone.

NOTE: During the screening, children who are shy or hesitant can point to a matching picture.





EYE GLASSES



RECORD OF EXAMINATION

Dear Eye Doctor,

This child was screened by a Prevent Blindness Wisconsin certified vision screener. Please help us evaluate this program by completing and returning/ faxing this form to us at the address listed on the right. **All examination results are confidential and for statistical use only.**

Child's Name: _____

Doctor's Name: _____

Phone: _____

Exam Date: _____

HISTORY:

_____ New _____ Previously Diagnosed

VISUAL ACUITY:

Uncorrected Right 20 / _____

Uncorrected Left 20 / _____

Corrected Right 20 / _____

Corrected Left 20 / _____

DIAGNOSIS:

Normal Vision

Amblyopia

Muscle Imbalance

Refractive Error:

Myopia

Hyperopia

Astigmatism

Other: _____

TREATMENT: Glasses Prescribed

Other: _____

Eye Doctor's Signature

Parent/Guardian Signature

Please return this **Record of Examination** to the office nearest you:



State Office

759 N. Milwaukee St. Suite 305

Milwaukee, WI 53202

Phone: 414-765-0505

Fax: 414-765-0377

Email: info@preventblindnesswisconsin.org

Additional information can be found at the Prevent Blindness Wisconsin website:

www.preventblindness.org/wi

Vision Screening Results

For

Name of Child

Date

Screening Center

Lion/Lioness Club



Prevent Blindness Wisconsin is a not-for-profit volunteer organization founded in 1958. Our mission is to prevent blindness and preserve sight in Wisconsin.



The mission of the Wisconsin Lions Foundation, Inc. is to serve by reaching, touching, and improving lives.

Dear Parent / Guardian:

Prevent Blindness endorses the following recommendations: vision screening should be performed by the pediatrician or primary care physician at each well child exam through the grade school years, and any child who experiences vision problems or shows symptoms of eye trouble at any time, should receive a comprehensive eye examination by an ophthalmologist or an optometrist.

VISION SCREENING RESULTS

Your Child...

- passed and nothing more needs to be done at this time.
- passed with his / her glasses on.
- was not screened today. Please ask for a vision screening at your next doctor appointment.
- did not pass with his / her glasses on. Contact your eye care professional for further evaluation.
 Right Eye Left Eye
- did not pass the vision screening. Note the details below and follow-up instructions to the right.
 Right Eye Left Eye
- did not pass the vision screening.
The instrument-based screening tool detected a possible problem.

The following observations were made:

IF YOUR CHILD DID NOT PASS THE SCREENING:

What you should do:

1. Make an appointment for your child with an eye doctor.
2. Ask the eye doctor to complete the **Record of Examination** on the back and send/FAX it to Prevent Blindness Wisconsin.
3. Bring a copy of this record of examination to your child's next visit with their pediatrician or family doctor.
4. Contact Prevent Blindness Wisconsin at (414) 765-0505 if you have any questions.

What Prevent Blindness will do:

1. If Prevent Blindness Wisconsin has not heard from you or your eye doctor after two months, we will contact you to find out the results of your child's eye exam.

Options for Follow Up Care:

If you have a private vision insurance plan – please check with your plan to find an eye doctor.

If you have BadgerCare Plus - please contact the BadgerCare Plus recipient hotline at (800) 362-3002 for a list of eye doctors covered under your plan, or contact your HMO advocate for your managed care plan.

If you do not have a private vision insurance plan or BadgerCare Plus, Prevent Blindness Wisconsin can give you a Vision Service Plan voucher that will cover an eye exam and a pair of glasses.

Please contact Prevent Blindness Wisconsin for an application if

1. Family income is at or below 200% of poverty level.
2. Child is not covered by Medicaid or any other vision insurance.
3. Child is 20 years old or younger and has not graduated high school.
4. Child or parent is a U.S. citizen or documented immigrant with a social security number.
5. Child has not used a voucher during the last 12 months.

Parent Follow-Up is Important!

Young children with eye problems often do not know that the way they see the world is not the way everyone sees it. Without early treatment, children's vision problems can lead to permanent vision loss or learning difficulties.



Dear _____:

On _____, a letter was sent to you notifying you that your child, _____, failed the vision screening at school and should receive a professional eye exam by an eye doctor. Your child may have already had an eye exam and I am simply not aware of the results.

Please complete this form and mail it to me at the address shown below. Your prompt reply is greatly appreciated.

Sincerely,

Lions / Lioness Club

Date

School Name

Telephone Number

➤ My child has an appointment on _____ for an eye examination with:

Doctor's Name: _____

➤ I need help planning or paying for an eye examination. Yes No

➤ My child had an eye exam: _____

Date of Exam

REMINDER: Please take this with you to your appointment.

Dear Doctor,
Please help us evaluate this program by completing and returning this form by one of the methods below.

Child's Name: _____

Date of Exam: _____

The results were:

Normal Amblyopia Strabismus Refractive Error Hyperopia
 Astigmatism Myopia Other: _____

History: New Case Previously Diagnosed

Treatment: Glasses Patching Other: _____

Additional Comments: _____

Notes: _____

Doctor's Name: _____

You can return the Record of Examination by:

Fax: (414) 765-0377

Mail: 759 N. Milwaukee Street • Suite 305 • Milwaukee, WI • 53202

Email: info@preventblindnesswisconsin.org



Estimados Padres _____:

El _____, tu hijo(a) no paso el examen de la vista en la escuela, y debe recibir un examen profesional de los ojos con un optometrista o oftalmólogo. Su hijo(a) puede haber tenido un examen de los ojos y no sabemos los resultados. Por favor llene este formulario y envía lo a la dirección que se muestra abajo. Se agradece la prontitud en la respuesta.

Atentamente,

Lions / Lioness Club

Fecha

Nombre de la escuela

Número de teléfono

- Mi hijo(a) tiene una cita el _____ para un examen de los ojos. Nombre del optometrista o oftalmólogo _____
- Necesito ayuda financiera para pagar el examen de los ojos o lentes. Sí No
Si necesitas ayuda financiera llama al _____.
- Mi hijo tuvo un examen de la vista. _____
Fecha del examen

Recordatorio - Por favor lleva este formulario a la cita de tu hijo(a).

Dear Doctor,
Please help us evaluate this program by completing and returning this form by one of the methods below.

Child's Name: _____

Date of Exam: _____

The results were:

- Normal Amblyopia Strabismus Refractive Error Hyperopia
 Astigmatism Myopia Other: _____

History: New Case Previously Diagnosed

Treatment: Glasses Patching Other: _____

Additional Comments: _____

Notes: _____

Doctor's Name: _____

You can return the Record of Examination by:

Fax: (414) 765-0377

Mail: 759 N. Milwaukee Street • Suite 305 • Milwaukee, WI • 53202

Email: info@preventblindnesswisconsin.org

Please answer the following questions.

1. Did your child receive a vision screening? Yes No

If yes, where and when _____

2. Did your child receive an eye exam? Yes No

If yes, where and when _____

3. Did you ever suspect your child had a vision problem? Yes No

Please describe _____

4. Is there a family history of eye problems? Yes No

If yes, please describe _____

5. Were other methods of correction prescribed? Yes No

If yes, please describe _____

6. Have you noticed any improvement in your child's social behavior, activities or grades? Yes No

If yes, please describe _____

Permission to use Photographs and / or Written Materials

I agree to permit Prevent Blindness Wisconsin & Prevent Blindness to take, use and copyright photographs depicting my image and/or likeness (or that of my minor-age child) to be used for any and all purposes as determined by Prevent Blindness, consistent with its non-profit status.

I agree to permit Prevent Blindness Wisconsin & Prevent Blindness to write about me or my minor-age child (including quotes) to be used for publicity purposes as determined by Prevent Blindness, consistent with its non-profit status.

I also release Prevent Blindness Wisconsin & Prevent Blindness, from all liability resulting from the taking and authorized release or use of the photographs and written materials.

I understand that I will receive no royalty or other monetary compensation from Prevent Blindness Wisconsin & Prevent Blindness or its affiliates for permission to release or use the photographs and written materials.

I hereby warrant that I have the full power to give this consent to Prevent Blindness Wisconsin & Prevent Blindness.

NAME: (please print) _____ DATE: _____

SIGNATURE: _____ (Parent or Guardian)

ADDRESS: (please print) _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: (please print) _____

**Please return to: Prevent Blindness Wisconsin · 759 N. Milwaukee Street, Suite 305 · Milwaukee, WI · 53202
Office: (414) 765-0505 / Fax: (414) 765-0377 / info@preventblindnesswisconsin.org / www.preventblindness.org/wi**