



Dear Parents,

Alabama Lions Sight will be at your child's school on _____ **2024** to conduct vision screenings. For your child to participate in the screening, we must have your permission.

Our vision screening device can detect the most prevalent vision abnormalities such as nearsightedness, farsightedness, astigmatism, etc. Students are asked to look into a device (similar to looking into a pair of binoculars) and each screening takes less than one minute. If results indicate your child might benefit from the use of prescription eyeglasses, school administration will have information on how you can make an appointment with a board-certified optometrist aboard one of our Mobile Eye Units for a low-cost (\$20) detailed eye exam.

Please sign below and return this letter to the school.

Thank you,

Roxanne Aldridge, Vision Screening Director
Alabama Lions Sight

I give permission for _____ (Grade _____)
to participate in the vision screening provided by Alabama Lions Sight. I understand the screenings are NOT a substitute for a complete dilated eye examination by a qualified eye health professional. The results of various tests and screenings do not necessarily indicate with certainty that any condition exists or is absent. I recognize that my eye care provider is equipped to provide me with more information to determine such conditions. I understand that should my child's screening results indicate the need for a complete eye exam, Alabama Lions Sight suggests I seek further information from a qualified eye health provider.

Signature of Parent/Guardian

Date

PLEASE NOTE: No student will be allowed to be screened without presenting his/her permission slip, signed by a parent or guardian. The school system may wish to issue a letter assuming all liability while the screening unit is on school property. This will allow all students to be screened. No exceptions will be made.