



Dear Parents,

The Alabama Lions Sight Mobile Screening Unit will be at your school on \_\_\_\_\_ to conduct vision screenings. The Mobile Unit will be there courtesy of the \_\_\_\_\_.

For your child to participate in the screening and referral program on the Mobile Screening Unit, we must have your permission. The screening will involve using a hand-held machine that will be held a few feet away from the child and will give us information on the presence of an eye turn as well as nearsightedness, farsightedness, and/or astigmatism.

Please sign below and return this letter to your school.

Sincerely,

W. Durden Dean  
Executive Director  
Alabama Lions Sight

I give permission to have \_\_\_\_\_ (Grade \_\_\_\_\_) participate in the vision screening provided by Alabama Lions Sight Mobile Screening Unit. 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 and the sponsoring Lion's Club have suggested that I seek further information concerning eye health from my eye care 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.**