



This form is due: _____

Gr. _____ Rm. _____

District 50 Hawaii Lion
Protocol 1 Vision Screening Program
Parent Consent and Screening Results Form

Teacher Name _____

CONFIDENTIAL

Dear Parents/Guardian of _____
Please print child's legal name No Nicknames

(Please circle child's age or grade)

Age: 2 3 4 5 6 or older

Grade: Pre-K K 1 2 3 4 5 6 7 10

Your consent is necessary for a free vision screening by the _____ Lions Club at _____ on _____. This is not eye examination, and no eye drops are used. Your child will be asked to identify letters or symbols using eye charts, or a hand-held photoscreener/autorefractor will determine if vision problems may exist. Students who have glasses must wear their glasses to the screening.

I **consent** to having the Hawaii Lions screen my child's vision. I understand that screening results are preliminary, are not a diagnosis of my child's vision, and that not all vision problems are detectable. I will not hold the Hawaii Lions responsible for any misinformation. The Lions do not retain any personal information following the screening.

Parent/Guardian Signature _____ Date _____

Eye Chart Visual Acuity (VA) Results

VA Age	3yr	4yr	5yr & up	Glasses On <input type="checkbox"/>
Threshold	50	40	32	
Right eye				UTT <input type="checkbox"/>
Left eye				

/ = Identified 3 or more symbols/letters – **Pass**
 X = Identified less than 3 symbols/letter - **Refer**

UTT = Unable to Test - **Refer**

Screening Results

- ☐ Your child **Passed** the Vision Screening
- ☐ Your child should **see an Eye Doctor** for a comprehensive eye examination. Please give this report to your Eye Doctor and/or your child's Primary Care Physician.

Notice to Parents of Students Who Are Being Referred

The vision screening shows potential vision deficiencies that should be evaluated by an eye doctor. Normal vision is critical to your child's learning process. It is also easier and less costly to correct vision problems at an earlier age.

The Hawaii Lions Foundation has a program to assist students' families who don't have sufficient medical/vision insurance. The Foundation can assist with costs for an eye examination and a pair of eye glasses for families who qualify. Please ask your school for information to contact the Lions Club.

Thank you for your assistance and cooperation

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