



Helen Keller
INTERNATIONAL

Parent/Guardian:

Vision Screening Program: The ChildSight® Program of Helen Keller International will be coming to your child’s school this month. The ChildSight® Program works within schools to provide vision services to children in targeted grades. This vision screening does not replace the need for a more comprehensive eye exam.

Vision Screening Process: The vision screening program consists of the following services:

1. The first vision screening will be conducted by the ChildSight® team to check the student’s ability to see near and far. Most students will pass this screening.
2. Vision Assessment by eye doctor: For students who have trouble in the first screening, a doctor will provide an additional vision assessment to determine if the child needs glasses and/or a full examination.
3. Eyeglasses: If a student needs eye glasses, a pair will be provided to him/her. The selection and distribution of the eye glasses will happen at the school.
4. Referral for Eye Exam: For students who needs a more comprehensive eye exam, you will receive a notification. If you do not have an eye doctor, we encourage you to contact your insurance company or health plan to find a doctor who is covered under your benefits. We will also provide names of doctors in your area.
5. Record of services: The school health office will have a copy of the results of your child’s screening.

Parent/Guardian Notification: You will be notified if your child receives eyeglasses and/or needs go to a local doctor for an eye exam. We encourage you to be aware of your child’s eye health and vision.

Next Steps: If you **do not** want your child taking part in this program please sign below and return to the school nurse. If you have any concerns or questions, please contact the school nurse.

Contact Information: Contact Daveda Cunningham, Program Manager, at dcunningham@hki.org or 216.409.8641 for additional information or if you have any questions.

Release of liability: Failure to sign below indicates that you **give permission** for your child to participate in the ChildSight® program and you are in **acceptance of this release of liability**. This release of liability is as follows: You acknowledge that the eye doctor will be performing a limited vision assessment and not a full eye examination. This limited refractive exam does not examine the inside of the eye. The **only purpose** of this assessment is to determine your child’s need for eyeglasses. As a result, you agree that neither the eye doctor or HKI can be held responsible for any injury or damages occurring from eye conditions that are not found given the limitations of the vision assessment.

Return if you do not want your child to participate:

I **do not** give permission, for my child _____ to participate in the Child Sight Vision Program.
(Student’s Name)

Parent’s Signature Date Phone Number Email