



Serving Lackawanna and Susquehanna Counties
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Lackawanna Blind Association

CONSENT FORM
Pre-School Vision Screening
Please Fill Out In Full

Child's Name _____ Age _____ Sex: M F

Address _____

City/State/Zip _____ County _____

Parent/Guardian Name (Print): _____

Phone Home (_____) _____ Phone Cell (_____) _____

Email
Address: _____

Screening Location: **Itsy Bitsy Bookworms, LLC**

As the undersigned parent/guardian, I hereby grant permission to **Lackawanna Blind Association** to screen the vision of the above-named child.

I understand that this procedure is a *limited vision screening*, designed only to detect certain symptoms of potential vision problems in children. It is not an eye examination and is not intended to take the place of a professional eye exam. **If a professional examination is recommended**, I give my consent to permit **Lackawanna Blind Association** to obtain information, from the examining eye specialist, regarding my child's eye examination and recommended treatment, and to furnish such information, as needed, to the appropriate school/ agency. I also understand that follow-up is required and that I may be contacted by the agency for further information.

Parent/Guardian Signature: _____ **Date:** _____

Has your child had a professional eye Examination? YES NO

CHECK ALL THOSE THAT APPLY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Shuts or covers one eye | <input type="checkbox"/> Squints at objects |
| <input type="checkbox"/> Complains about eyes | <input type="checkbox"/> Tilts or thrusts head forward | <input type="checkbox"/> Holds objects close to eyes |
| <input type="checkbox"/> Blinks more than usual | <input type="checkbox"/> Rubs eyes excessively | |
| <input type="checkbox"/> Either eye turns in, out, up or down (which one?) _____ | | |

Family history of eye problems (specify): _____

Other observations (describe): _____

Thank you

Lackawanna Blind Association

For Office Use Only

Referred: Yes ___ ID # _____ No ___ C B H A NA O (circle one)