

Medicine Hat Public School Division Kindergarten/Grade Two Vision Screening Consent in Partnership with the MH Lion's Club

Vision Screening is a process used to identify children who may need further vision assessments. The attached information sheet describes the Vision Screening that will be offered within your child's program. Vision Screening will not occur without your consent. You must sign this form for your child to have the screening.

Demographics		
Child's Legal Name (Last, First)	Date of Birth: (yyyy-m-dd)	
Female <input type="checkbox"/> Male <input type="checkbox"/>		
School	Teacher/Class	Grade

If you do not wish for vision screening services, write ***refused*** across this area and return to the school.

Vision Screening

Screening looks at how well children see. Trained Lion's Club volunteers provide a vision assessment through the use of infra-red photographic techniques. The plusoptiX vision screener is designed for vision screening for infants 6 months and older.

Declaration of Consent

By signing this consent, I agree to share the above demographic information with the screening partner (MH Lion's Club) and I am giving consent for my child to have vision screening done. I confirm that:

- I have read the information sheets regarding the nature, risks, and benefits associated with the vision screening.
- I am aware that I must contact the Medicine Hat School District staff listed on the information sheet if I have any questions about vision screening or if I have any concerns about my child receiving the vision screening service.
- I am satisfied with and understand the information I have been given in the information sheet.
- I understand that I may, at any time, withdraw this consent to the service(s) initiated above by calling the Medicine Hat School District staff listed on the information sheet.
- I confirm that I have legal authority to provide consent.

Name of Person(s) Giving Consent (<i>print</i>)	
Relationship to Child	
Parent (<i>with authority to provide consent</i>) <input type="checkbox"/>	Guardian <input type="checkbox"/>
Daytime Phone Number	Alternate Phone Number
Signature of Person(s) Giving Consent	Date (yyyy-mo-dd)

Vision Screening Information Sheet

Who does the health screening?

A trained Medicine Hat Lion's Club volunteer with the assistance of a MHSD 76 Education Assistant.

What are the benefits of health screenings?

The screening finds health and/or developmental concerns early so that further health assessments and/or the right supports can be offered to promote your child's health and development.

What are the risks of health screenings?

A vision screening has little risk. Both eyes are screened simultaneously in less than one second from a distance of 3.3 feet. Measurements are non-invasive, requiring no physical contact with the child. A sound target attracts fixation and no further co-operation is required to perform a screening.

How will I know if there is a concern?

The vision screening displays a “**pass**” or “**refer**” screening result instantly. All parents/guardians who have provided signed consent will receive a copy of the screening result. It is recommended that children with a “**refer**” screening result be taken to an eye care professional for a comprehensive eye exam. There is no charge for children to receive a complete eye exam with a local Optometrist in Alberta.

These examinations are in no way intended to replace regular examinations by eye-care professionals. Rather they are intended to augment and document changes that can occur rapidly through the development of the child.

Where is the vision screening done?

Vision screening volunteers will come to your child's program/school. The screening will take place at the beginning of the school year.

What do I need to do so that my child can take part in the vision screening?

- Read all of the information you are given.
- Sign the attached consent form.
- Return the consent form to your school.

What if I don't want my child to have vision screening?

The screening is not done without your consent. If you do not wish any screening services – write *refused* across the form and return the consent form to your school/program.

Are there other options?

Yes, you may look for other vision screenings/assessments with an Optometrist or family doctor about whether they have any concerns.

Who do I call if I have questions or concerns about the vision screening?

If you have questions or concerns, please contact:

Name	Phone Number
Joanne Stockman Early Learning Coordinator	403-528-6725