





What is KIDSIGHT?

KIDSIGHT South Dakota is a free statewide vision screening program provided to children ages 12 months and up. Our trained volunteers use the latest technology and equipment to detect many eye conditions. The vision screening machine simply takes a picture of the child's eyes and within seconds provides accurate results. No physical contact is made with the child and no eye drops are required.

Why Vision Screening?

According to educational experts, 80% of learning is visual. So if a child can't see well, they can't learn well. Yet most young children don't get their vision screened until they have problems learning or paying attention in school. By then, it may already be too late. Unless vision problems are detected early and corrected, they risk becoming permanent by age 7.

Contact us today to set up a free vision screening at your daycare or preschool!

Phone: 605-338-0551 or 1-888-735-4667

Email: kidsight@sdlions.org

With one simple picture of a Child's eye we can detect:

Myopia: Near Sighted

Hyperopia: Far Sighted

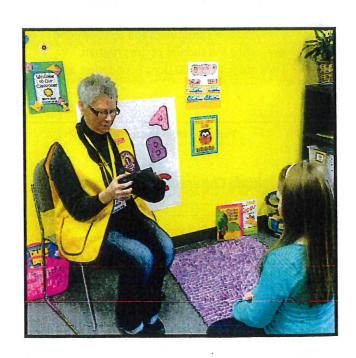
Astigmatism: Blurred Vision

Anisocoria: Pupil Size Deviations

Strabismus: Lazy Eye

Anisometropia: Unequal

Refractive Power











Vision Screening Consent Form

Your local Lions Club and KIDSIGHT South Dakota is offering a free vision screening to your child. The screening is approximately 85-90% effective in detecting potential vision problems. No physical contact is made with your child and no eye drops are required. For more information go to www.kidsightsd.org.

Child's Name:	Date of Birth:	Male Female
Ethnicity:	Native American Asian O	ther
Parent/ Guardian Name:	Phone:	
Address:	Email:	
 The information obtained from this vision screening of vision problems. The Data obtained from this vision screening may be Head Start, daycare provider, SD Lions Foundation, including your child's name and date of birth. I will receive the results of the screening through the 	e shared with entities participating in the etc. Results will be kept private and on	ne vision screening i.e. school nurse file by the SD Lions Foundation
being recommended for a full eye exam. I understand I am responsible for arranging a complete. I may receive communication by telephone or email evaluating the success of the program.		
5. I will not hold the SD Lions Foundation accountable	for any errors of commission, omission	n or another misdiagnosis.
Parent or Guardian Signature		Date
For Multiple Children Being Screened:		
Child's Name:	Date of Birth:	○ Male○ Female
Ethnicity: Hispanic White Black	Native American Asian 0	ther
Child's Name:	Date of Birth:	
Ethnicity: OHispanic OWhite OBlack	Native American Asian O	other