



LIONS
KIDSIGHT
SOUTH DAKOTA

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.

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

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@sdliions.org



www.kidsightsd.org

A program of



**SOUTH DAKOTA
LIONS FOUNDATION**
VISION • HEARING • HOPE



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:	<input type="radio"/> Male <input type="radio"/> Female
Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Other		

Parent/ Guardian Name:	Phone:
Address:	Email:

1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems.
2. The Data obtained from this vision screening may be shared with entities participating in the vision screening i.e. school nurse, Head Start, daycare provider, SD Lions Foundation, etc. Results will be kept private and on file by the SD Lions Foundation including your child's name and date of birth.
3. I will receive the results of the screening through the Lions "KIDSIGHT" Preschool Vision Screening Program only if my child is being recommended for a full eye exam.
4. I understand I am responsible for arranging a complete eye exam if my child has been referred as a result of the screening.
5. I may receive communication by telephone or email if my child does not pass the vision screening for the purpose of evaluating the success of the program.
6. I will not hold the SD Lions Foundation accountable for any errors of commission, omission or another misdiagnosis.

Parent or Guardian Signature

Date

For Multiple Children Being Screened:

Child's Name:	Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female
Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Other		

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