



AMERICA'S BEST CONTACTS & EYEGLASSES

VISION SCREENING PERMISSION SLIP



BOYS & GIRLS CLUBS OF AMERICA

All information below is required.

Child's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (select one)  MALE  FEMALE

Has your child had a complete eye exam in the past? (select one)  YES  NO  DON'T KNOW

If yes, when was the last exam? \_\_\_\_\_ (month/day/year)

Does your child currently have prescription glasses or contacts? (select one)  YES  NO  DON'T KNOW

If yes, please write the current prescription if known: \_\_\_\_\_

Your Zip Code (for nearest eye exam location): \_\_\_\_\_

I \_\_\_\_\_ (Print Your Name) am the Parent/Legal Guardian. I give permission for \_\_\_\_\_ (Print Child's Name), to take part in the Vision Screening Event at the Boys & Girls Club.

My child's medical records will only be shared with me by the doctor during my child's follow-up eye exam. My child's name and any other identifying information will be removed from the health data collected during the vision health program. Non-identifying information will be used by National Vision and Boys & Girls Clubs of America for purposes of program development and quality improvement.

Should my child require a follow-up eye exam, I will receive a letter informing me of instructions on how I can access these services at a local America's Best Contacts & Eyeglasses location.

❖ I give permission for demographic and screening information to be released to Boys & Girls Clubs of America and National Vision Inc. for the exclusive purpose of this vision health program.

YES

NO

❖ I give permission for Boys & Girls Clubs of America or National Vision Inc. to contact me about follow-up eye exam appointments and reminders via phone or email if my child is referred.

YES, I do want to be contacted for appointment scheduling and reminders

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

NO, I do not want to be contacted regarding my child's health

❖ I give Boys & Girls Clubs of America and National Vision Inc. permission to photograph and record my child for use in audio, video, film, or any other electronic, digital, and printed media.

YES

NO

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE