

Consent Form for Vision Services

half Helen is conducting a mobile vision clinic at your child's school. Should your child fail their school vision screening, a comprehensive eye exam will be performed onsite by a licensed optometrist. If determined necessary by the optometrist, your child will receive high-quality prescription glasses to correct their eyesight. All services are provided at no cost to the family.

You can also fill out this form online at: <https://halfhelen.org/consent-form-schools>

This form should take you about 2 minutes to fill out!

PARENT / GUARDIAN

Parent/Guardian

First Name

Parent/Guardian

Last Name

Phone number

Email Address

CHILD'S INFORMATION

Child's First Name

Child's Last Name

Age

Grade

Date of Birth

School District

School Name

Teacher Name

MEDICAL HISTORY

When was your child's last annual eye exam?

- Within 12 months
- Within 2 years
- More than 2 years ago
- Never

Is there any history of family eye health problems? Please describe.

Does this child have any vision problems? Please describe.

Does this child have any medical issues? Please describe.

Please list ALL medications this child is currently taking.

Has this child worn glasses?

- Yes
- No

GLASSES HISTORY (Please fill out only if your child has ever had eyeglasses.)

For how long has this child worn glasses?

- 6 months to a year
- A year to 2 years
- More than 2 years

How old are the current glasses?

- 6 months to a year
- A year to 2 years
- More than 2 years

CONSENT FOR MEDIA RELEASE

half Helen may take photos or videos of children participating in the program to be used in promotional material. If you provide your consent, these images may be used in print media, on websites or on social media websites at the discretion of half Helen. Media Release Consent is not required for participation in vision services.

Do you authorize half Helen to take pictures or videos of your child and use them in promotional material? Yes
No

SIGNATURE

By checking the box below, I consent to my child receiving vision services from half Helen.

I confirm that:

- My child qualifies for vision services based on the eligible requirements listed above.
- I am the parent or legal guardian of the child named below.
- I have read and understand the information on this form and on the Parent Information Sheet provided.
- I give permission for my child to receive a vision screening and if needed, an eye exam and prescription glasses.
- I understand that my child may receive dilating eye drops during the eye exam.
- I authorize full disclosure of the results of my child's vision screening and eye exam to appropriate personnel at my child's school, school district health personnel and half Helen partners.
- I understand that I may remove this authorization in writing at any time, but that by doing so, I am also declining my child's participation from any services provided by half Helen.
- I understand that if there is an unauthorized disclosure, I may file a formal complaint with the United States Department of Health & Human Services.

I agree!

No, I do not want my child to receive professional and free eye care.

Thank you!