



**Voluntown
Elementary
School**

P.O. Box 129
195 Main Street
Voluntown, CT 06384-1821
860/376-2325
Fax 860/376-6690

September 14, 2018

Dear Pre-School, Kindergarten, 1st Grade, 2nd Grade, and 3rd Grade Parents/Guardians,

The North Stonington Lions Club has offered to bring the **KidSight Child Eye Screening Program** to our school. It is the goal of the Lions Club to make this free screening available to all children in our PreSchool through 3rd grade classes.

Trained members from the Lions Club will use the non-invasive PediaVision SPOT VS 100 to help identify vision problems in our young students. This screening could lead to identifying the following for further investigation by your ophthalmologist:

- Astigmatism – Irregularly shaped corneas or lenses
- Myopia – Nearsightedness
- Hyperopia – Farsightedness
- Strabismus – Misalignment of the eyes
- Anisometropia – Unequal refractive power
- Anisocoria – Pupil size anomalies

The **Identify a Child Eye Screening** will take place on **Wednesday, October 10, 2018**. Mrs. Rollins, school nurse, will be supporting and supervising the program in her office.

Attached you will find a permission slip that provides more information regarding the screening and the program. If you would like your child to be screened, please complete the permission slip and **return it by Wednesday, October 3, 2018**.

If you have any questions, please contact us at (860) 376-2325.

We would like to personally thank the members of the North Stonington Lions Club for their dedication to the CT Lions Eye Research Foundation, the Pediatric Eye Screening Program and most of all, to the children of Voluntown. This program will clearly support the health and well-being of our students.

Best Regards,

Alycia M. Trakas
Principal/Asst. Superintendent
atrakas@voluntownct.org

Amy L. Suffoletto
Assistant Principal
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Mary Rollins
School Nurse
mrollins@voluntownct.org



**CONNECTICUT LIONS EYE RESEARCH FOUNDATION
LIONS EYE HEALTH PROGRAM
VISION SCREENING CONSENT FORM**

On **Wednesday, October 10, 2018** the North Stonington Lions Club will conduct a free vision screening for children in the **Voluntown Elementary School**. The screening equipment being used may determine the presence of eye disorders including far and near sightedness, astigmatism, anisometropia, strabismus and anisocoria. The screening is done by a photographic process from a distance of three feet. No physical contact is made with the child and no eye drops are administered.

For more information please visit www.lionskidsightusa.org.

I, the undersigned, hereby give permission for my child to participate in the screening. I understand the following regarding this program:

- 1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems.**
- 2. There is no charge to participate in the vision screening process.**
- 3. The results of my child's individual screening will be provided to me by the Voluntown Elementary School. No personal information is kept on file by the Lions KidSight Program.**
- 4. Should the screening indicate any abnormality, a complete eye examination and any follow-up care is my responsibility.**
- 5. I will not hold the Lions Club organizations, the Connecticut Lions Eye Research Foundation, the Lions Eye Health Program or the school/pre-school accountable for any errors of commission, omission, or any other misdiagnosis.**

Signature of parent or guardian _____
Date

PLEASE PRINT

Child's Last Name _____ First Name _____

Date of Birth (Month / Day / Year) _____ Age _____

Male _____ Female _____ Eyewear: Yes _____ No _____

Parent or Guardian's Name _____ Phone # _____

Address (Street / City / Zip Code) _____