

MOBILE VISION SERVICES CONSENT AND RELEASE FORM

Dear Parent/Guardian,

Vision To Learn is a nonprofit organization that offers eye evaluations and glasses to kids at no cost. Vision To Learn will be bringing its mobile vision care clinic to your child's organization to provide eye evaluations and glasses to children who need them. If you would like to give your child permission to participate in the Vision To Learn program, please complete and sign this form. Return the completed form to your child's organization.

Vision To Learn follows CDC, state and federal regulations including staff daily health screenings, the use of Personal Protective Equipment for staff and students, non-contact exam procedures, and thorough disinfection between patients. Vision To Learn is committed to following best practices to prioritize the safety of our students. All Vision To Learn staff are fully vaccinated.

There is no cost to you for your child to participate

PLEASE PRINT OR TYPE:

REQUIRED:							
Child's First Name:	Child's Last Name:						
Child's Date Month Date Year of Birth:		Child's Gender (please check one):	L FEMALE	N	ON-BINARY		
Parent/ Guardian First Name:	rdian First Name:			Parent/ Guardian Last Name:			
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CONTACT INFORMATION:							
Street Address:	Unit/	Apt: City:		State:	Zip:		
Phone Number:	Emergency Phone Number:		Email:				
SCHOOL INFORMATION:							
Name of School:		Name Teacher:					
Grade:		Classroom:					
By signing this form, I acknowledge that I have the right to refuse any services provided by Vision To Learn but that I am choosing voluntarily for my child to receive vision services. Vision To Learn provides a vision evaluation with a full refraction. Vision To Learn is able to provide glasses to students who need them, but does not provide comprehensive eye exams with eye drops and dilation. My signature shows that I have read and understood this voluntary Consent and Release and I agree to its provisions.							
Parent/Guardian Signature:			Dat	te:			