



**LEHP-Australia  
Lions Eye Health Program**



Dear Parent/Guardian(s),

The Lions Eye Health Program is offering **Free Vision Screening** for children. The screening will be conducted by \_\_\_\_\_ Waroona Lions Club on \_\_\_\_\_ Tuesday 22 August

Over 80% of what children learn is processed through their eyes. Untreated eye conditions can affect a child's development. It is estimated 1 in 5 children in Australia have undetected vision problems. Screenings can help identify children who may require further examination by an optometrist.

Members of the Lions club have been specifically trained to perform 4 vision screening assessments including:

- 1. Visual Acuity** - using a Lea 3m -15 line Symbol Chart
- 2. Colour Vision** - using a Quick 6 - Basic Colour Screening Book
- 3. Depth Perception** - using a Stereo Fly Screening Tool
- 4. Spot Vision Screener** - State of the art portable machine designed to screen for Myopia (near sightedness), Hyperopia (far sightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Strabismus (eye misalignment) and Anisocoria (unequal pupil size).

The individual screening takes just a few minutes to perform. There is **no physical contact made with the child and no eye drops are administered**. Individual reports will sent to parent/guardians. If a vision problem is detected, this will be written on the child's result sheet and you will be encouraged to seek a further eye assessment with an eye health professional.

If you would like your child to participate in this vision screening program, please complete the permission slip and **return to school before Thursday 17 August**.

Kind Regards,

Michael O'Dwyer

Principal

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*Please tick the appropriate box when answering yes or no*

yes no My child is currently under the care of an optometrist or has participated in a eye examination by an optometrist in the past 12 months. **Children under this level of care are exempt from screening and the referral process.**

*Please print clearly*

I, \_\_\_\_\_, give consent for \_\_\_\_\_ Class \_\_\_\_\_  
 (Parent/Guardian Name) (Child's Name)

yes no **to participate in the free vision screening program conducted by the Lions Club identified above. I acknowledge that the screening is not a full eye examination and is unlikely to identify every eye problem which a full eye exam might identify.**

yes no **to be photographed for the use of LEHP- Australia publications such as newsletters and website.**

yes no **to provide a copy of my child's result to the facility administration (e.g. school).**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)