

WINCHESTER CENTENNIAL LIONS CLUB 463 Old Spofford Rd. Winchester NH 03470

Dear Parent:

KidSight is a FREE eyesight health-screening program sponsored by the Winchester Centennial Lions Club in cooperation with local schools and day-care centers. The program has been in place since 2012 and exceeds NH State requirements for school eyesight screening. Its effectiveness is recognized by local eye doctors and by members of the Dartmouth-Hitchcock/Cheshire Medical Center Pediatrics department.

Studies show that up to eighty percent of a child's learning comes through his or her eyes, and about one-out-of-twenty children has an undetected vision problem. Lions Club screenings are conducted in a familiar environment, with classmates, and in the presence of nurses, teachers, school administrators, or parent-volunteers. Trained Lions Club members conduct the screening exercise. Results of the screening are provided to the school nurse or school administrator and the report is sent home, usually the same day.

Screening is done with a high-tech, hand held auto-refraction device, the "Spot Vision Screener" from Welch Allyn, a well-known medical device provider. The Spot device is held about three feet away from the child. It takes only moments per child and no medication or eye drops are ever administered. The Spot device captures and measures data about the child's vision to determine the presence of potential eye disorders including: amblyopia (lazy eye), near-sightedness, farsightedness, and astigmatism (blurred vision).

Of course, the screening is not a substitute for your child's routine eye care visits. However, if your child already wears glasses or contacts, we will conduct the screening with glasses on or contacts in since the process can identify the potential need for a change in prescription. We encourage all children to participate in the screening with their classmates even if they are already seeing an

eye doctor.

Sincerely,

Winchester Centennial Lions Club



Made Possible by a grant from Lions Clubs International Foundation

Please complete Parts A and B of the attached form, sign and return it to the school promptly. The school will communicate the vision screening date as soon as it has been established. Please call your child's school nurse or school administrator if you have any questions.

PART A

Child's Name:	Gender: <u>Circle One</u>
	Male Female
Birth Date:	Currently wears glasses or
	contacts: <u>Circle if yes</u>
	Glasses Contacts
Teacher's Name:	

PART B

Circle One

YES	I DO WANT MY CHILD TO HAVE FREE SCREENING.
NO	I DO NOT WANT MY CHILD TO HAVE FREE SCREENING.

If I give permission, I understand that:

- 1. The information obtained from this eyesight screening is considered preliminary only and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care program that includes periodic eye examinations.
- 2. I may talk with the school's administrator, school nurse, my child's pediatrician or eye doctor if I have questions about the screening results.
- 3. The Lions Club and its volunteers conducting the screening will not be held accountable for any errors of commission, omission or misdiagnosis.

Parent/Legal Guardian		Date:
Signature:		
Parent/Legal Guardian Name: (Please print)		
Address:	Town/City:	Zip Code:

<u>Dr. Deborah R. Hansen, MD Pediatrician, Cheshire Medical Center/Dartmouth-Hitchcock Keene</u> – "The Lions Club is offering free vision screening for (children) in our community using a state-of-the-art vision screener. I encourage families to participate since this screening method is very effective at detecting treatable vision problems in young children."