



MOBILE VISION SERVICES CONSENT AND RELEASE FORM

Dear Parent/Guardian,

Vision To Learn is a nonprofit that offers eye exams and glasses to kids at no cost. Vision To Learn will be bringing its mobile vision care clinic to your child's school to provide eye exams 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 the school nurse.

There is no cost for your child to participate in the program.

PLEASE PRINT OR TYPE:

<u>REQUIRED:</u>			
Child's First Name:		Child's Last Name:	
Child's Date of Birth: Month	Date	Child's Gender (please check one):	
□	□	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Parent/ Guardian First Name:		Parent/ Guardian Last Name:	

CONTACT INFORMATION:

Street Address:		Unit/ Apt:	City:	State:	Zip:
Phone Number:	Emergency Phone Number:		Email:		

SCHOOL INFORMATION:

Name of School:	Name of Teacher:
Grade:	Classroom:

INSURANCE INFORMATION:

OPTIONAL:

Child Has Medicaid

Provider:	I.D. Number:

Child Has Private Insurance

Provider:	I.D. Number:

Child Is Uninsured

By signing this form, I agree to allow my child to receive vision care services through Vision To Learn's mobile vision clinic. 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. I understand that receiving vision services through Vision To Learn's mobile vision clinic will not disqualify me from accessing services for vision care through my insurance. I agree that I am waiving any and all claims against the school of which my child is a participant that may arise from participation in the Vision To Learn program. Vision To Learn sometimes collects images of children it serves in order to publicize its programs. I agree that my child may be photographed, filed, and/or voice recorded in any format (collectively called "Recordings") and that Vision To Learn will own and may use such recordings without compensation to my child or my child's parents or guardians.

Parent/ Guardian Signature: _____ Date: _____