

**Name of School System (or print on school letterhead)**  
**Address City, State ZIP**

**(Date)**

Dear Parents,

The Alabama Lions Sight Conservation Association Mobile Screening Unit, will be at our school on **(screening dates)** to conduct vision. The bus will be here courtesy of **(name of the sponsoring Lions Club or other sponsor)**. For your child to participate in the screenings and referral program on the Mobile Screening Unit, we must have your permission. Please sign below and return this letter to the school by **(date)**. Thank you.

Sincerely,

**(signature of person writing letter))**

**(name & title of person writing letter)**

I give permission to have \_\_\_\_\_ Grade \_\_\_\_\_  
(Student's Name) participate in the screenings of the Alabama Lions Sight Mobile Screening Unit. I understand the screenings are NOT a substitute for a complete examination by a qualified health professional. The results of various tests and screenings do not necessarily indicate with certainty that any condition exists or is absent. I recognize that my physician or other health professional is equipped to provide me with more information to determine such conditions. I understand that should my child's screening results indicate the need for a complete eye exam the Alabama Lions Sight Conservation Association and the sponsoring Lions Club have suggested that I seek further information concerning eye health from my physician or other health professional.

Signature of Parent/Guardian Date

**PLEASE NOTE: No student will be allowed to enter the bus without first presenting his/her permission slip, signed by a parent or guardian. The school system may wish to issue a letter assuming all liability while the screening unit is on school property. This will allow all students to be screened. No exceptions will be made.**