

**CHARITYVISION INTERNATIONAL AND SPONSORS
PROVO CITY SCHOOL DISTRICT**

“SIGHT BUDDIES” SCHOOL SCREENING AND GLASSES PROGRAM

CharityVision International is a 501c3 non-profit that will offer a free vision exam for qualifying students in the PROVO CITY SCHOOL DISTRICT. Utilizing an auto-refraction of your child’s eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). All students that participate will be seen by a state certified optometrist, and all qualifying students will receive a pair of glasses, *free of charge*.

I, the undersigned, hereby give permission for my student, _____ to participate in the vision exam event and agree to the following regarding the event:

1. There is no charge to participate in the vision exam or receive a pair of glasses for qualifying students. If students do not qualify, they will not receive a free pair of glasses or be seen by an optometrist.
2. All personal information collected will only be shared between optometrists and parents and will be kept in the strictest of confidences if I do not sign the release of information below.
3. My student will receive a chart test, autorefraction, a puff glaucoma test, a full comprehensive exam by a state-certified optometrist, and a glasses fitting. Dilation drops may or may not be required.
4. I will not hold CharityVision, the PROVO CITY SCHOOL DISTRICT, or associated companies/entities accountable for any errors of commission, omission or misdiagnosis of my student.

_____ Signature of Parent/Guardian	_____ Date
Student’s Name _____ Male _____ Female _____	
Parent or Guardian’s Full Name _____	
Is the child currently under the care of an eye doctor? Yes _____ No _____	
Does the child currently wear glasses? Yes _____ No _____	

**FORM NOT COMPLETE
SEE OTHER SIDE**

**AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH AND/OR EDUCATIONALLY
RELEVANT INFORMATION**

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that PROVO CITY SCHOOL DISTRICT, CharityVision International and its sponsors obtain your written consent prior to the disclosure of personally identifiable information about your child.

As part of our screening program, your child may be photographed or videotaped to be displayed on CharityVision International, PROVO CITY SCHOOL DISTRICT, and CharityVision's sponsors website newsletters, TV, social media, or to honor participation in this activity as part of CharityVision International and sponsors fundraising events.

NO LAST NAMES WILL BE USED IN THE RELEASE OF THIS INFORMATION.

Information about your child that will be used will include any or all of the following:

- First name
- Photograph
- Age
- School attended
- Academic achievement change as a result of services rendered (if any)
- Your child's visual health condition
- How your child received help through the program (ex: received glasses)
- Personal statements made by your child regarding their participation in the program

I AUTHORIZE the use of my child's photo/video along with the above mentioned information to be released to the public for fundraising purposes.

YES NO

Student's Name _____ DOB _____

School _____ Grade _____

Parent's Name _____ Signature _____

Date _____

I hereby give my permission for my child to travel by Provo City School Bus to the Sight Buddies event:

Parent/Guardian Signature Date