

VISION SCREENINGS FOR CHILDREN*

10:00 am - 12:00 pm Saturday, February 15th & Friday, February 21st

Screenings are free and done by a certified screener using a special camera with 95% accuracy. Because the screening is performed in a dimly lit room, no eye drops are used to dilate the eyes. The screening looks for astigmatism (blurred vision), near- and far-sightedness, misaligned eyes, unequal power and pupil size.

The screenings are contactless and are accomplished in a minute or less.

The screening is not to be considered a medical exam but will allow direction for parents/caregivers to take in case a condition is detected that may be affecting the child's vision.

Location: Grand Island Memorial Library
1715 Bedell Rd. 716-773-7124

Walk-ins welcome.
No registration
necessary.

Parental permission slips can be obtained at the library or by emailing liontom20n@roadrunner.com

*Screenings are limited to children six months old and up to second-grade level.

This is the time when treatment, if needed, is most effective.







For more information on the Lions KidSight program, visit https://www.lionskidsightusa.org/aboutus or call Lion Tom Witkowski @ 716-909-1862.





Lions S.E.E. Inc.

A partner with KidSight USA
Grand Island Lions
PO Box 71
Grand Island, NY 14072



GILions.com

LionsKidsightUSA.org

CONSENT FORM

Select preferred dat	te: February 15	5 ☐ February 21
P	LEASE PRINT CLEARLY	
Child's Name: FIRST	LAST	MONTH/DAY/YEAR Please note we do not screen children less than six months of age.
<u>Legal</u> Parent/Guardian: FIRST	LAST	
Address:STREET	CITY	STATE ZIP
Best phone to call:		
Child wears corrective eyewear: that s/he is wearing them on the		wears eyeglasses, ensure
Has parent/guardian noticed any	vision problems with the o	child?
IMPORTANT: Lions Clubs provide vision screener is a very sophistical false positive or false negative resu conditions that may lead to amblyop screening but the parent/guardian hexamination by a pediatric ophthalma substitute for a comprehensive ey	ted scientific and clinical installs. It is intended to assist in pia ("lazy eye"). If the child is nas concerns, the child should nologist or optometrist. This	rument, it may produce either identifying significant ocular s not referred as a result of this d receive a comprehensive eye
You will receive a copy of the scree Club does not retain or share any ir		
I have read the above disclaimer ar screening.	nd give permission for the Lic	ons Club to perform the vision
Legal parent/guardian signature:		Date:

FREQUENTLY ASKED QUESTIONS

Q: Why is it important to screen young children's eyes?

A: According to educational experts, 80% of learning is visual. So, if a child cannot see well, he or she cannot learn well. Many children are non-verbal or do not understand they have a problem seeing. If an amblyopic anomaly is detected, treatment is most effective and economical when the child is between six months and six years of age. Current studies appear to indicate the age range may increase to children up to eight years old. After that, the possibility of correcting the child's vision drops dramatically.

Q: What is amblyopia?

A: When one eye is better than the other, or something is constantly in front of one eye, the child will stop using the weaker eye. The brain does not fully acknowledge the images seen by the amblyopic eye with the potential of permanent visual loss.

Q: Are there different types of amblyopia?

A: The screening process tests for myopia (near-sightedness), hyperopia (far-sightedness), anisometropia (unequal refractive power; e.g., one eye may be 20/20 while the other may be 20/100), aniscoria (unequal pupil size), astigmatism (irregular eye shape resulting in blurry vision), media opacity (light is prevented from entering the eye, e.g., cataract), and strabismus (misaligned eye(s)) commonly referred to as "gaze").

Q: Explain the screening process.

A: Your child is screened in a dimly lit room in order to dilate the child's pupils (right in the classroom in most cases). The trained volunteer stands about three feet from the child. The screener is aimed at the child's eyes. Flashing low intensity lights and a sound of birds chirping get the child to focus on the screener. Once the screener determines the eyes are dilated properly, it automatically records the data it has obtained. The process usually takes less than thirty seconds to complete. If the child is wearing eyeglasses, we can effectively screen those children also.

Q: How accurate or effective is the screener?

Current data indicates 95% effectiveness.Please note that the screener does not

Q: substitute for a complete eye exam.

A:

Q:

A: How are we notified of the results of the screening?

The school nurse or director of the program or child care center receives all the data. A printout of the results will be given to you and a copy placed in your child's file. In other cases, the results can be mailed or emailed. The Lions do not retain or share any information.

A:
Do the Lions make recommendations of physicians or optometrists?

Q: A: We do not. We recommend that you locate a qualified pediatric ophthalmologist or optometrist for further evaluation and treatment.

What if we can't afford treatment or eyeglasses?

Lions clubs and various Lions foundations offer assistance to those who are financially challenged. Contact us at 716-909-1862 or via email at LionTom20N@roadrunner.com.





