



FREE VISION SCREENING

KidSight is offering a free vision screening to your child. This screening involves taking a picture of your child’s eyes with a portable, automated vision screener that can detect common causes of childhood vision problems. The vision screening requires no physical contact with your child and poses no risk to his or her health. A trained technician will conduct the vision screening, and you will be notified of the results.

If the screening detects any possible vision problems, you will be given a referral packet that will include follow-up instructions, a list of eye doctors in your area and possible financial resources. You will be asked to fill out a follow-up questionnaire to be completed and returned after your child’s eye exam. We will also request your contact information so that we can follow up with you on your child’s eye care. This contact information will only be requested if your child is referred, and it will not be used for anything other than follow up about your child’s screening and exam.

Many parents may not know a vision problem exists because young children are unaware or cannot yet tell you that their vision is “fuzzy.” Through KidSight, we are able to find vision problems that might be missed otherwise.

Our Vision Screening Detects

- Nearsightedness** – cannot see far away
- Farsightedness** – cannot see close up
- Astigmatism** – cannot see far away or close up
- Amblyopia** – “lazy eye”
- Anisometropia** – one eye sees clearly & one is blurred
- Anisocoria** – pupils are unequal
- Misalignment** – eye turning in or out



“It takes this technology to help parents figure out that their children need help,” said Kristina. “I cannot say thank you enough to KidSight for the impact the screening has had on my son. He would have missed out on years of not being able to see things properly.”

For more information visit kid-sight.org

If you **DO NOT** want your child screened, please sign your name below and return to the child care center before the day of the vision screening. Otherwise, we will screen your child’s vision, free of charge.

I **DO NOT** wish for my child to participate in the free KidSight vision screening.

Child’s Name: _____

Parent’s Name: _____ Date: _____