

RELEASE INFORMATION

Information about your child’s vision screening may be appropriate to share with other individuals or agencies. This is especially true if visual problems were noted during the screening and more evaluation may be needed to identify and possibly correct the visual concern.

I hereby agree to have the results of vision screening shared with the following individual or agencies. Please initial the agencies that you wish to receive the screening results

_____ Copy to parent/legal guardian (this copy may be shared with any person or agency at the parent’s or guardian’s discretion)

_____ Copy to primary care provider _____

_____ Copy to eye care specialist _____

_____ Copy to other individual(s): _____

(Full Name of Child)

(Date of Birth)

(Parent or Guardian)

(Date)