Good Afternoon (**SCREENING LOCATION CONTACT NAME HERE**),

Thank you for allowing the (**NAME OF CLUB HERE**) Lions Vision Screening Team the opportunity to vision screen the children in the 4K program at your facility.

I am confirming the scheduled vision screening date of Wednesday, May 3rd at 10:00 am and 12:30 p.m.

Attached to this email we have included the “**Confirmation Letter Form**” providing general instructions for the week(s) prior to, day of, and post screening follow up. Please open the attachment and print a copy.

Next attachment is the “**Permission Form**”. Please make the appropriate number of copies of this form to send home with each child to be vision screened. Please fill in the blank spaces regarding the confirmed ‘screening date’ and the ‘return to school by date’. We must have a signed permission from each parent in order to screen that child.

Next attachment is the “**Registration Form**”. When you have received the returned and signed parent permission slips, please transfer the names of those children onto the “Registration Form(s)”. If at all possible on the day of screening, please try to bring the children to be screened in the order for which you have written their names on the “Registration Form(s)”.

The last form attachment is the “**Results Form**”. This form will be used by our vision screeners to indicate the pass or refer results of the test. **Should there be children that are referred as a result of any of the vision screening tests; we strongly recommend that someone within your organization follow up with the parent(s) to** **assure that the child’s vision needs have been attended to by an eye care professional.**  Please make enough copies of this form to cover the number of children to be screened with a couple extra in case of errors. After the vision screening “Results Form” has been completed for each child by our vision screeners, a copy should be made for your facility records and one copy should be **given directly to the parent especially if that parent’s child has been referred as a result of the vision screening.**

Should you have any questions, concerns, or problems regarding the above information please let us know. Our goal is to prevent blindness and assure that all children have a safe and healthy future.

**Would you kindly confirm receipt of this email so that I may be assured that you have received the above information. Also, please open all four attachments to ensure that you will be able to print the necessary copies required.**

Lions (**NAME HERE**) (715-XXX-XXXX) and (**NAME HERE**) (715-XXX-XXXX)