

Please answer the following questions.

1. Did your child receive a vision screening? Yes No

If yes, where and when _____

2. Did your child receive an eye exam? Yes No

If yes, where and when _____

3. Did you ever suspect your child had a vision problem? Yes No

Please describe _____

4. Is there a family history of eye problems? Yes No

If yes, please describe _____

5. Were other methods of correction prescribed? Yes No

If yes, please describe _____

6. Have you noticed any improvement in your child's social behavior, activities or grades? Yes No

If yes, please describe _____

Permission to use Photographs and / or Written Materials

I agree to permit Prevent Blindness Wisconsin & Prevent Blindness to take, use and copyright photographs depicting my image and/or likeness (or that of my minor-age child) to be used for any and all purposes as determined by Prevent Blindness, consistent with its non-profit status.

I agree to permit Prevent Blindness Wisconsin & Prevent Blindness to write about me or my minor-age child (including quotes) to be used for publicity purposes as determined by Prevent Blindness, consistent with its non-profit status.

I also release Prevent Blindness Wisconsin & Prevent Blindness, from all liability resulting from the taking and authorized release or use of the photographs and written materials.

I understand that I will receive no royalty or other monetary compensation from Prevent Blindness Wisconsin & Prevent Blindness or its affiliates for permission to release or use the photographs and written materials.

I hereby warrant that I have the full power to give this consent to Prevent Blindness Wisconsin & Prevent Blindness.

NAME: (please print) _____ DATE: _____

SIGNATURE: _____ (Parent or Guardian)

ADDRESS: (please print) _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: (please print) _____

Please return to: Prevent Blindness Wisconsin · 731 North Jackson Street, Suite 220 · Milwaukee, WI · 53202
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wisconsin.preventblindness.org