

**SUCCESS STORY QUESTIONAIRE**

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Please share how Prevent Blindness Wisconsin has made a difference in your child’s life! By submitting your success story you can receive one of the following books (please choose one):

**To receive your child’s free book,** please answer all of the questions below and return it to Prevent Blindness Wisconsin with a picture of your child. One book per child please. Offer limited to first 100 families to respond before March 31, 2015.

* Princesses Wear Glasses
* Jacob’s Eye Patch (limited supply)
* Brown Bear Brown Bear What Do You See?
* Fancy Nancy : Spectacular Spectacles
* Arthur’s Eyes
* Super Word Search Puzzles for Kids

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Child’s Eye Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child currently wears glasses ❑ Yes ❑ No

❑ Yes, please contact me to give my child’s story.

Please describe how the results of the vision screening have improved the life of your child. Please include any comments that have been expressed by your child regarding the entire experience.

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**- OVER –**

**Please answer the following questions…**

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

Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Were other methods of correction prescribed? Yes ❒ No ❒

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Have you noticed any improvement in your child’s social behavior, activities or grades? Yes ❒ No ❒

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 America, consistent with its non-profit status.

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

I also release Prevent Blindness Wisconsin & Prevent Blindness America, 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 America 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 America.

Name**:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Guardian)

Address:(please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to: Prevent Blindness Wisconsin 🞗 759 N. Milwaukee Street, Suite 305 🞗 Milwaukee, WI 🞗 53202**

**Office (414) 765-0505 - Fax (414) 765-0377** [**info@preventblindnesswisconsin.org**](mailto:info@preventblindnesswisconsin.org) **/ www.preventblindness.org/wi**