



Waiver and Release for Participation in Vision Care Program



Please read carefully before signing. This is a release of liability and waiver of certain rights.

As a condition to my/my child's participation in the Vision Care Program, I understand and agree to the following:

1. I have read the attached information about the Vision Care Program and understand what the Vision Care Program involves.
2. I understand that the purpose of this screening is only to allow a properly licensed optometrist or ophthalmologist to obtain a prescription for vision correction, if necessary, for the eyeglasses the Vision Care Program will provide to me/my child for free.
3. I understand that ***this is not a comprehensive eye examination*** and that a full eye exam, with dilations and screening, is required to fully inspect and diagnose the health of my/my child's eyes. The limited eye examination provided through the Vision Care Program is not intended to delay or replace a full eye examination by a physician.
4. I consent to the sharing of my/my child's prescription data with the Flaum Eye Institute and ABVI, and to the taking and use of pictures of me/my child to help promote vision education, student eye health, and recruitment to the Vision Care Program.

____ Please initial here if you do **not** permit us to use photos of you/your child to promote the program.

5. **In exchange for my/my child's free participation in the Vision Care Program, I release, waive and agree to hold harmless, East High School, the University of Rochester, and Rochester City School District, their agents, volunteer doctors, and/or delegates from and against any and all liabilities, demands, claims, or injuries that my child may sustain in conjunction with my/my child's participation in the Vision Care Program.**

I understand that this form must be signed and returned to the Vision Care Program in order for me/my child to participate and, if necessary, receive a free pair of glasses.

Name of Child/Participant (please print)

Signature of Child/Participant

Date: ____/____/2017

School of Record:

If Participant is under the age of 18:

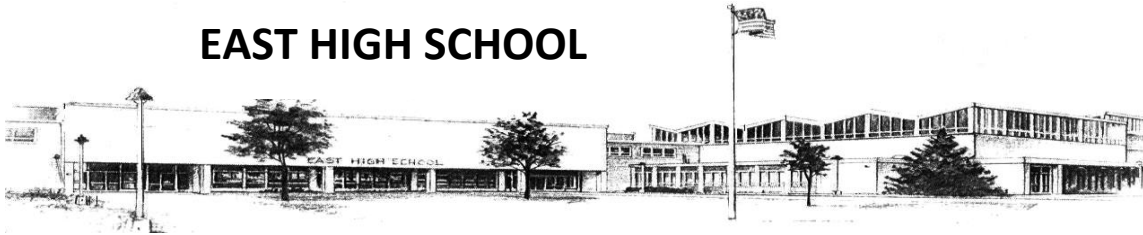
Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date: ____/____/2017

FREE Vision Screening & Glasses

EAST HIGH SCHOOL



1801 East Main Street, Rochester, New York 14609-7495 Phone 585-288-3130 FAX 585-654-1066

Dear Parent/Guardian;

During the 2017-2018 school year your child could be presented with the opportunity to be seen by a New York State licensed optometrist or ophthalmologist for a **free vision screening**. This doctor works locally and is donating his or her time to come to East and see students who have been identified as candidates for prescription glasses. Students will be eligible for a free pair of glasses with the prescription identified following the Vision Care Program eye exam. *The purpose of this screening is **ONLY** to provide a prescription for eye glasses and **DOES NOT** take the place of a comprehensive eye exam.*

As part of the Vision Care Program, students will be provided with a **free pair of glasses**, made for them at East High by East High students participating in the Vision Care Program. These glasses will be prescription eyewear, individually fitted for each student by the teacher who is a New York State licensed Optician. The students who make the glasses are highly trained and have passed skill based assessments that allow them to make these glasses.

There is **NO COST TO YOU** or to the students for participation in the Vision Care Program. This is a completely free screening and, if necessary, comes with one (1) free pair of prescription glasses. We recognize the importance of vision to education, as students who can't see the board have a harder time following along in class and learning the material, as well as often report having headaches from straining to see material on the board.

The first pair of glasses is free for all students. Students who lose or break their glasses will be asked to pay **\$5 for any additional pair they need.** Alternatively, students may show a grade sheet or report card showing an overall set of passing grades to obtain another free pair of glasses.

If you have any questions please feel free to contact me:

Logan Newman, ABO, NBCT
East High School Vision Care Program Teacher
VisionCare.East@rcsdk12.org
School Phone (585) 288-3130 ext 5107