



Lions of Illinois Foundation

Retinal Screening

RETINAL SCREENING

Name: _____ (please print) Birthdate: _____

Address: _____ Telephone: _____

City: _____ Zip: _____

Parent/Guardian Consent to Retinal Eye Screening

We hereby certify that we are the parents or legal guardians of the child identified above as a registrant for the Lions of Illinois Foundation Retinal Eye Screening Program. We hereby give our permission for our child to participate in that screening program. We understand that our child will have a picture taken of their eye(s) done by a technician employed by the Lions of Illinois Foundation.

Acknowledgement of the Nature of Retinal Eye Screening

We understand that once the picture is taken it will be sent to the main offices of Illinois Retina Associates in Harvey, Illinois, where it will be reviewed by one of their retinal specialists who are specially trained in the Diagnosis of diabetic retinopathy. We understand that results will be returned to us. We also understand that it will be entirely our responsibility to obtain further testing and/or treatment in the event that this screening indicates that our child has a problem.

Indemnification Agreement

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation and its employees, agents, and representatives and Illinois Retina Associates, their employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Lions of Illinois Foundation Retinal Eye Screening Program except for such liabilities, claims or demands which result from any injury or loss caused solely by the negligent or otherwise wrongful act or omission of the Lions of Illinois Foundation and Illinois Retina Associates, their respective employees, agents or representatives.

Date: _____

Signed: _____ (Please Print Name)

Signed: _____ (Please Print Name)

(At least (1) Parent/Guardian must sign for minor)

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