



Vision Screening Cover Sheet

**Results of the screening will be sent to the address below
to be passed out by the site.**

Open Screening: Yes

Results are sent to the child's home address for open screenings only.

Date of Screening: _____

Screening Site (Name of Center): _____

Address: _____

City & Zip Code: _____

Site Contact (Daycare, Head Start, Preschool Director): _____

Phone #: _____ Email Address: _____

Lions Club Information

Sponsoring Lions Club: _____

Address: _____

City & Zip Code: _____

Lions Club Contact at Sponsoring Club: _____

Telephone Number: _____

Email: _____

Name of person that screened the children: _____

District: _____

Send All Consent Forms & Vision Cover Sheet To:

VisionFirst
Attn: Operation KidSight
4745 Haven Point Blvd.
Carmel, IN 46280
kidsight@att.net