

# FREE VISION SCREENING



West Virginia University  
EYE INSTITUTE

**Wednesday, July 27, 2011**  
**11:00 am - 7:30 pm**

WV Massage Therapy Wellness &  
Caregiver Resource Center  
Sutton, WV  
(Next door to Flatwoods Mid-Mountain Bowling Lanes)

Vision check  
Eye glasses check  
Diabetic screening  
Strabismus  
Glaucoma

Adults and Children Welcome!

**For Appointments:**

Contact Susan Cale at 304 598 6441 or  
[cales@wvuhealthcare.com](mailto:cales@wvuhealthcare.com)

**Walk-ins are welcome**

*Sponsored by the WVU Eye Institute*

## Vision Screening Permission Form

Dear Parent or Guardian,

A free vision screening will be offered on July 27, 2011 at the Flatwoods Mid-Mountain Bowling Lanes between the hours of 11:00am to 7:30 pm. We recognize that your child may already be receiving regular exams by a medical professional so this service might not be necessary.

This project is a joint venture between West Virginia University Department of Ophthalmology and the Claude Worthington Benedum Foundation. It is our mission to deliver quality vision screenings and ophthalmological care to critically underserved regions of West Virginia.

Please choose an option below and return on the day of screening.

I, \_\_\_\_\_,  
(parent/guardian name – PLEASE PRINT)

grant permission for my child, \_\_\_\_\_, to have his/her vision screened. If my child fails the screening, an eye doctor is available to proceed with a full evaluation. I grant permission to the eye professional to proceed with a FREE examination which would include using eye drops to dilate the pupils.\*

decline permission for my child, \_\_\_\_\_, to have his/her vision screened.

decline free examination (if needed)

### CONSENT FOR PHOTOGRAPHS

YES                       NO

I the undersigned, give my permission for photographs taken of me and/or my eye(s) and/or person(s) I represent to be used for purposes of research, teaching, medical publication, or display. I release the institution, my physician, and all other persons caring for me or dealing with my photographs from all liability resulting from the taking and authorized use of these photographs. This signature also secures permission for the screening and evaluation, if needed.

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Signature (parent/guardian)

\*Possible side effects of dilating drops are uncommon, but can include blurred vision, light sensitivity, redness & swelling around the eye, fever or facial flushing. Duration of dilation is usually 4-6 hrs, though occasionally 24 & rarely 48 hrs may elapse before the pupils get back to normal.

**If you would like to attend the screening/evaluation with your child, please contact Susan Cale at 304-598-6441 or [scale@hsc.wvu.edu](mailto:scale@hsc.wvu.edu) for an appointment time on July 21, 2011.**