



**OKS**

**Operation Kid Sight**

# Operation Kid Sight Procedure

**To schedule the camera, training, Club/Zone presentation, call your District Coordinator.**

**In 44H, call Bob Laferriere @ 603-329-8230 or email [f.laferriere@comcast.net](mailto:f.laferriere@comcast.net).**

**In 44N, call Tom Reynolds @ 603-529-0042 or email [tcreynoldsjr@comcast.net](mailto:tcreynoldsjr@comcast.net).**

Your **District Coordinator** will reserve the camera for the date of your screening.

Pick more than one date, as the date that you want may already be booked.

Plan your Kid Sight screening as far in advance as possible, to give your Club enough time for adequate promotion.

**General Public Screenings:** Place Public Service announcements in the paper, post flyers around town.

**Daycare/Preschool Screening:** Send Consent forms home with parents one week before, asking for the return, 2 days before the screening. This gives you time for those who have not returned the consent form to get it in for the screening. Include a letter explaining the screening to accompany the consent form.

**Always have a Club contact listed**, in announcements, on flyers or letters for questions.

Remember most children will pass the screening, only 1 in 5 will fail. These are the children that we need to find. Whether you screen 5 or 50 it does not matter, doing the screening is what is important.

**Kid Sight operates through the donations from the Clubs; please give what you can in addition to the \$2.00 per child screened.**

**The Health Service Board and the Operation Kid Sight Administrator and Coordinators Thank You for your participation in the program.**

# **Mail all Operation KidSight forms to:**

**Sandy Hill**

**45 Whitten Road**

**Milford, NH 03055**

**603-673-8075**

[sandrahill42@comcast.net](mailto:sandrahill42@comcast.net)



## **Multiple District Health Service Board**

### **NOTICE**

**All Operation KidSight vision screening must be sent to**

**Lion Sandra Hill**

**45 Whitten Road**

**Milford, NH 03055**

**If your Club has not received notification of the test results within three (3) weeks,**

**please call Sandy at (603) 673-8075**

**e-mail [Sandrahill42@comcast.net](mailto:Sandrahill42@comcast.net)**

**If you need any further assistance please call the**

**Health Service Board President, Tom Reynolds @ (603) 529-0042**

**e-mail [tcreynoldsjr@comcast.net](mailto:tcreynoldsjr@comcast.net)**



**Dear Club Operation KidSight Coordinator,**

We continue to have difficulty processing the OKS paperwork; the hand writing is often illegible. We really need your help in proof reading the paperwork before sending it to the OKS Coordinator to ensure the information is clearly printed and signed. Without your help it will delay the process and negatively impact the children needing a referral to a doctor/specialist.

- A.** Be sure each parent or Guardian receives the results notification letter, prior to the screening.
- B.** Be sure the print out is attached to the paperwork.
- C.** Be sure the paperwork is sent to our OKS Administrator within two days.

The **KidSight** program needs your support, by screening as many children from the ages of **6 Months to 6 years...**

**All Donations can be sent to:**

Health Service Board  
C/o Marilyn Vaccaro  
74 Chase Road  
Londonderry, NH 03053

Checks should be made out to HSB, with OKS in memo area.

**The SureSight Camera is for screening 6 months to 6 year old children ONLY**

**There is a \$2.00 charge for ALL children screened. Over six years screened will NOT be read by the OKS doctors.**

**School age children from 6yrs and above should be screened on the Titum camera. You may also screen any adult on the Titum.**

**The Health Service Board of Directors would like to thank you for your continuing support.**



**SCREENING COVER SHEET**

**Sections A, B and C must be filled in.**

**Following the Screening Session, complete Section C and mail all Forms to the Operation Kid Sight Administrator. (See below)**

**A. Screening Site Information:**

**Date of Screening** \_\_\_\_\_  
**Name of Screening Site** \_\_\_\_\_

**B. Lions Club Information:**

**Lions Club Name** \_\_\_\_\_  
**District** \_\_\_\_\_  
**Lions Club Address** \_\_\_\_\_  
**Lions Club email** \_\_\_\_\_  
**OKS Project Contact** \_\_\_\_\_  
**OKS Contact Address** \_\_\_\_\_  
**Contact Home Telephone** \_\_\_\_\_  
**Contact Cell Phone** \_\_\_\_\_  
**Contact email** \_\_\_\_\_  
**Name of Screener** \_\_\_\_\_

**C. Number of Children (6 and under) Screened** \_\_\_\_\_

**Mail this cover sheet with all Consent Forms, Printouts and Screening Worksheet to:**

**Operation KidSight Administrator  
 Lion Sandra Hill  
 45 Whitten Road  
 Milford, NH 03055  
 (603) 673-8075**

**Screening Worksheet**    Lions Club \_\_\_\_\_    Date \_\_\_\_\_

	<b>Childs Name</b>	<b>Date of Birth (mm/dd/yyyy)</b>			<b>Referral Notification Date Sent</b>			<b>Referral Follow-Up Date</b>		
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{ Name of Lions Club }

**Dear Parent or Guardian:**

On \_\_\_\_\_, **Operation KidSight**, sponsored by the New Hampshire Lions, will offer free vision screening for your child at \_\_\_\_\_. The screening involves a **Welch Allyn® SureSight™ Vision Screener** that can be used to determine the presence of eye disorders including: far and near sightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal refractive power), and media opacities (cataracts). No physical contact with your child is necessary and no eye drops will be used. This screening is approximately 87% effective in detecting problems that can cause decreases in vision.

**To participate in this free screening, you must complete the following Consent Form for each child to be screened. Please list only one child per Consent Form.** This Consent Form must be returned by \_\_\_\_\_ in order to participate.

**CONSENT FORM**

I, the undersigned, am the parent or legal guardian for \_\_\_\_\_ and give my permission to participate in the screening event. I agree to the following:

1. There is no charge to participate in the vision screening process.
2. The information obtained from this vision screening is to be considered a preliminary procedure only and does not constitute a final diagnosis of vision problems.
3. You will be notified following the screening interpretation within 3 weeks **ONLY** if the child has a problem.
4. I understand that I am responsible for arranging for a full eye exam, either with my own doctor or through the Lions Club, if my child has been referred as a result of the screening.
5. I understand that the organization conducting the screening will not be held accountable for any errors of commission, omission or other misdiagnosis.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Printed Parent or Guardian Name**

**Please Fill In Screening Information on the Reverse**



## Screening Form

Staple Printout Here

Be sure to write child's initials and  
Date of Birth (MM/DD/YYYY)  
on bottom of Printout

### SCREENING INFORMATION

(Be sure to fill form out completely. Sign the consent form on reverse side)

(Please Print)

\_\_\_\_\_  
Name of Lions Club

\_\_\_\_\_  
Screening Location

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate      Age      Male      Female

\_\_\_\_\_  
Parent's/Guardian's Name

(   )

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Have you signed the consent form? If not, please do so now. Thank you.**

### INTERPRETATION OF SCREENING

**Name or Initials of Interpreter:** \_\_\_\_\_

\_\_\_ **PASS.** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete pediatric exam. Consult your pediatrician if you suspect a vision problem.

\_\_\_ **BORDERLINE.** Your child may have a mild refractive error (need for glasses) that does not need to be formally evaluated at this time. We recommend the child be re-screened by a pediatrician in one year, or sooner, if you suspect a problem.

\_\_\_ **REFER.** Your child should be examined due to one of the following conditions that may have the potential to cause poor vision in one or both eyes:

**Strabismus** (Misaligned eyes)

**Anisometropia** (Unequal refractive power; can cause poor vision in one eye)

**Possible Need for Glasses**

**Farsightedness/Nearsightedness/Astigmatism**

**Other**

\_\_\_ **RETAKE.** Lions will set up a date and place for re-screening.

**Operation KidSight Mission: To prevent blindness through early detection and treatment of the most common vision disorders in pre-school children.**

OKS Consent Form Revised 09/09



**Dear Parent or Guardian,**

Your child will be tested today with the **Welch Allen SureSight™ Vision Screener**.

This screener automatically screens for common vision problems, including nearsightedness (myopia) and farsightedness (hyperopia), astigmatism (asymmetrical focus) and anisometropia (unequal power between eyes).

**An Eye Physician** will check the results of this screening.

If your child needs a referral our Program Administrator will call you within three(3) weeks of this test.

You will **NOT** receive a call if your child **passed this screening**.

**If you need any further information on our KidSight Program please contact**

**Sandy Hill**      Res: 603-673-8075      E: [sandrahill42@comcast.net](mailto:sandrahill42@comcast.net)

**Bob Laferriere**      Res: 603-329-8230      E: [f.laferriere@comcast.net](mailto:f.laferriere@comcast.net)

**Tom Reynolds**      Res: 603-529-0042      E: [tcreynoldsjr@comcast.net](mailto:tcreynoldsjr@comcast.net)

# AMBLYOPIA

## Is It Affecting Your Child's Sight?

### WHAT IS AMBLYOPIA?

**Amblyopia** is poor vision in an eye that did not develop normal sight during early childhood. It is sometimes called “**lazy eye.**” When one eye develops good vision while the other does not, the eye with poorer vision is called amblyopic. Usually, only one eye is affected by amblyopia.

The condition is common, affecting approximately **4 out of every 100 people**. Amblyopia can be corrected only if treated during infancy or early childhood. Parents must be alert to this visual threat if their child is to see properly in later life.

Most physicians test vision as part of a child's medical examination. However they may refer a child to an ophthalmologist if there is difficulty in measuring vision or any sign of amblyopia or related conditions. It is recommended that all children have their vision checked by their pediatrician, family physician or ophthalmologist at or before age three.

New techniques have been developed which make it possible to test vision in infants and young children. If there is a family history of misaligned eyes, childhood cataracts or other family history of serious eye disease, vision can be checked even earlier than age three.

### THE DEVELOPMENT OF NORMAL VISION

Although newborn infants are able to see, vision improves over the first months of life as use of the eyes increases. During early childhood years, the visual system remains in a changeable state.

Vision continues to develop with proper use of the eyes. However, if the eyes are not used to capacity, vision does not develop properly and may even decrease. In most cases, after the first nine years of life, development of the visual system is complete and cannot be changed.

The development of equal vision in both eyes is necessary for an entirely normal visual life. Many occupations are not open to individuals who have good vision in one eye only. Furthermore, should the vision in one eye be lost later in life from an accident or illness, it is essential that the other eye have normal vision. **Amblyopia must be detected and treated as early as possible.**

### CAUSES AND SYMPTOMS

Amblyopia is caused by any condition that affects normal use of the eyes and visual development.

**Amblyopia has three major causes:**

- 1. Strabismus (misaligned eyes);**
- 2. Unequal focus (refractive error);**
- 3. Cloudiness in the normally clear eye tissues.**

Amblyopia occurs most commonly with misaligned eyes such as crossed eyes. The crossed eye “turns off” to avoid double vision, becomes lazy or amblyopic, and the child prefers the better eye.

Amblyopia may also occur when one eye is out of focus because it is more nearsighted, farsighted or astigmatic than the other. The unfocused (blurred) eye “turns off” and becomes amblyopic. Sometimes, in these cases the eyes can look normal but one eye has poor vision. This is the most difficult type of amblyopia to detect and requires careful measurement of vision.

An eye disease such as a cataract (a clouding of the lens which prevents light from being focused properly by the eye), may lead to amblyopia. Any factor that prevents a clear image from being focused inside the eye can lead to the development of amblyopia in a child.

Children may also inherit conditions from parents that cause amblyopia. Children in a family with a history of amblyopia or misaligned eyes should be checked by an ophthalmologist early in life.

**IT IS IMPORTANT TO REALIZE THAT TREATING THE CONDITION THAT CAUSES AMBLYOPIA DOES NOT CURE THE AMBLYOPIA ITSELF.**

The Ophthalmologist must treat Amblyopia separately before correcting the blurred vision with glasses, removing a cataract or straightening the misdirected eyes.

Amblyopia often goes unrecognized. A child may not be aware of having one good eye and one poor eye. Unless the amblyopic child has a misaligned eye or other obvious abnormality, there is nothing to suggest the child's condition to the parents.

### **DETECTION AND DIAGNOSIS**

Amblyopia is detected by finding a difference in vision between each eye. Since measurement of vision is difficult in young children, the ophthalmologist often estimates visual acuity by watching how well a baby follow objects with each eye when the other eye is covered.

Using a variety of tests, the ophthalmologist observes the responses of the baby when one eye is covered. If one eye is amblyopic and the good eye is covered, the baby may attempt to look around the patch placed over the good or object to the patch.

Poor vision in one eye does not always mean amblyopia is present. Vision can often be improved with the prescription of glasses. However, the ophthalmologist will also carefully examine the interior of **the eye to** see if eye diseases such as cataracts, inflammations, tumors or other disorders of the inner eye may be causing decreased vision.

### **TREATMENT**

To correct amblyopia, the child must be forced to use the lazy eye. This is usually done by patching or covering the good eye, often for weeks or months. Part-time patching may be required over a period of years to maintain improvement even after vision has been restored.

Glasses may be prescribed to correct errors or imbalance in focusing. If glasses alone do not improve vision, then patching is necessary. Occasionally, amblyopia is treated by blurring the vision in the good eye with special eye drops or optical lenses to force the child to use the amblyopic eye.

If an abnormality such as a cataract is discovered, surgery is required to correct the problem causing the amblyopia. After surgery, glasses, contact lenses or other methods can be used to restore focusing along with patching to improve vision. Amblyopia usually is treated prior to surgery for misaligned eyes, and is frequently needed after surgery as well.

#### **If amblyopia is not treated, several things may occur:**

- **The amblyopic eye may develop a serious and irreversible visual defect;**
- **Depth perception may be lost;**
- **If the good eye becomes diseased or injured, a lifetime of poor and uncorrectable vision may be the result.**

The ophthalmologist can instruct parents about how to treat amblyopia, but it is a parental responsibility to carry out this treatment. No child likes to have a good eye patched, but parents must convince their child to do what will be best for them.

Successful treatment mostly depends on parental interest and involvement, and their ability to gain their child's cooperation. In most cases, it is the parents who play an important role in determining whether their child's amblyopia is to be corrected.

### **LOSS OF VISION IS LARGELY PREVENTABLE**

Successful treatment depends upon how severe the amblyopia is and the age of the child when treatment is begun. If the problem is detected and treated early, most amblyopic children will develop improved vision, but prolonged part-time treatment may be necessary until the child is about nine years of age. After this time, amblyopia does not return.

If the amblyopia is first discovered after the child is eight to nine years of age, treatment may not be successful. Visual loss due to strabismus or unequal refractive errors may be treated successfully with patching at a much older age than the amblyopia caused by opacities in the eye.

## **IN SUMMARY**

- 6. Good vision develops during early life as a result of normal use of the eyes. An eye that is not used normally between the first few weeks and nine years of age does not develop good vision and becomes amblyopic.**
- 7. Amblyopia causes few noticeable symptoms. It must be detected by checking vision.**
- 8. The most important eye disorders causing amblyopia are misaligned eyes (strabismus), optical defects (nearsightedness, farsightedness, or astigmatism) and, more rarely, eye diseases such as cataract.**
- 9. Early detection followed by prompt treatment by an ophthalmologist and close supervision of the child by parents is a successful combination for overcoming amblyopia.**

**If you have additional questions or would any further information, contact your ophthalmologist.**