



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.

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

Operation Kid Sight Administrator: Sandra Hill 44N @ 603-673-8075 [email sandrahill42@comcast.net](mailto:email_sandrahill42@comcast.net)

Operation Kid Sight Co administrator: Becky Brown 44H @603-432-9419 [email beckbrown@hotmail.com](mailto:beckbrown@hotmail.com)

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.



Multiple District Health Service Board

NOTICE

All Operation KidSight vision screenings and checks (\$2.00 per child) made out to

Health Service Board/OKS must be sent to:

44N

Lion Sandra Hill Administrator
45 Whitten Road
Milford, NH 03055
603-673-8075

E: sandrahill42@comcast.net

44H

Lion Becky Brown Co administrator
30 Gertrude Road
Windham, NH 03087
603-432-9419

E: Beckbrown@hotmail.com

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

For 44N - please call Sandy Hill

For 44H - please call Becky Brown

If you need any further assistance please call the
Health Service Board President, Bob Laferriere @ (603) 329-8230

[E: f.laferriere@comcast.net](mailto:f.laferriere@comcast.net)

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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

44N Lion Sandra Hill

45 Whitten Road

Milford, NH 03055

E: sandrahill42@comcast.net

Co administrator

44H Lion Becky Brown

30 Gertrude Road

Windham, NH 03087

E: beckbrown@hotmail.com

Screening Worksheet Lions Club _____ Date

	Childs Name	Date of Birth (mm/dd/yyyy)			Referral Notification Date Sent			Referral Follow-Up Date		
1										
2										
3										
4										
5										
6										
7										
8										
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35										



{ 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 prior to the screening date to participate in this program.

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



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's will send you a letter 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

44N Sandy Hill 603-673-8075 [E: sandrahill42@comcast.net](mailto:sandrahill42@comcast.net)

44H Becky Brown 603-432-9419 [E: beckbrown@hotmail.com](mailto:beckbrown@hotmail.com)

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)