



Grades K-12\*!  
EYE EXAM and GLASSES for  
your child at **NO COST**

\*k-12 In selected school districts

www.kidsvisionforlifestlouis.com

If your child does not pass his/her vision screening, they qualify to receive an eye exam from a Kids Vision for Life St. Louis licensed optometrist and a pair of prescription glasses at **NO COST**.

If needed, I want my child to get an eye exam and glasses at **NO COST**.

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Medicaid ID Number \_\_\_\_\_ Gender: M F

School Name \_\_\_\_\_

I have reviewed a copy of "Kids Vision for Life St. Louis Media Release Form (Minors)" (refer to back of form) pertaining to Kids Vision for Life St. Louis' creation and distribution of media regarding the Kids Vision for Life St. Louis (KVFL) program.

I  **DO** consent to KVFL producing and distributing media of my child solely for the promotion of KVFL.

I  **DO NOT** consent to KVFL producing and distributing media of my child solely for the promotion of KVFL.

Parent/Guardian **SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**By signing this form and giving permission to examine your child and potentially provide eyewear; You are also giving permission to verify Medicaid eligibility and if applicable bill Medicaid ONLY.**

Parent/Guardian **Printed Name** \_\_\_\_\_

**IMPORTANT: Free Eye Exam and Free Glasses are ONLY valid at the time of Kids Vision for Life's visit to your school. This sheet may NOT be presented at any Crown Vision Center location for services or materials.**

**Patient Health History**

Please circle all that apply:

Details:

Does your child wear glasses? Yes No \_\_\_\_\_

Did your child receive an eye exam last year? Yes No \_\_\_\_\_

Has your child ever injured his/her eyes? Yes No \_\_\_\_\_

Do any of your family members suffer from any medical conditions? Yes No \_\_\_\_\_

Does your child suffer from any medical conditions? Yes No \_\_\_\_\_

Please list any current medications or known allergies: \_\_\_\_\_

I hereby authorize Kids Vision for Life and their licensed Optometric staff to conduct a comprehensive eye examination on my child and, if needed, to prescribe and dispense spectacle eyewear. I am hereby authorizing **FULL** disclosure of the results of my child's vision exam, provided by Kids Vision for Life and/or its partners. This information may be shared only with the following individuals: **Myself, My child's school nurse, Crown Vision Center, Essilor Vision Foundation, American Optometric Association, and the State of Missouri.** I understand that I may, at any time remove this authorization in writing, however, by doing so I understand that this will take away any services provided by Kids Vision for Life & its partners. I understand if an unauthorized disclosure is made, I may file a formal complaint with the United States Department of Health and Human Services.

**COMMUNITY PARTNERS:**





## **Kids Vision for Life St. Louis Media Release Form (Minors)**

*Kids Vision for Life St. Louis provides this media release form in connection with its efforts to promote its programs to assist in securing additional funding and resources.*

I, as the parent or guardian, grant to Kids Vision for Life St. Louis the right to take and use photographs, audio recordings, and videos of my minor child (under the age of 18) in connection with the child's experiences with Kids Vision for Life St. Louis.

I authorize Kids Vision for Life St. Louis, its assigns and transferees, and all persons acting under its permission or authority, to copyright, use, and publish the same in print and/or electronically.

I agree that Kids Vision for Life St. Louis may use such photographs, audio recordings, or videos for any lawful purpose including, but not limited to, marketing materials, newsletters, websites, social media (including Facebook, Twitter, Pinterest, YouTube), and/or any other advertisements or promotions ARCHS may decide to develop, now or in the future.

I hereby release and discharge the above, its assigns and transferees, and all persons acting under its permission or authority, from and against any liability that may occur in the taking of photographs, audio recordings, and videos, or reproductions of the finished products.

I certify that I am the legal parent/guardian of the child listed below, I have read the above release, and I fully understand its contents.

**Refer to the front of this form for consent.**