



**LIONS CLUB OF \_\_\_\_\_**

**CONSENT FORM**

I, \_\_\_\_\_ (Legal Parent / Guardian ) of  
\_\_\_\_\_, (Son / Daughter) Aged \_\_\_\_\_

hereby give my written consent to the Lions Club of \_\_\_\_\_  
to permit them to undertake an eye test on my son / daughter with the purpose  
of determining his / her sight characteristics and thereafter possibly finalizing a  
spectacle script in the event that this visual aid may be recommended.

Signature \_\_\_\_\_  
(Legal Parent / Guardian)

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 2007

Full Name \_\_\_\_\_

Contact Numbers :

Home : \_\_\_\_\_

Work : \_\_\_\_\_

Cell : \_\_\_\_\_