



## Vision Screening Cover Sheet

**Results of the screening will be sent to the address below to be passed out by the school.**

**If the results need to be sent to the child's home address instead of the screening location please check here. \_\_\_\_\_**

**Does the school want a separate summary sheet of the screening results for their files? Yes or No (please circle)**

Date of screening: \_\_\_\_\_

Screening site (name of center): \_\_\_\_\_

Address: \_\_\_\_\_

City & zip code: \_\_\_\_\_

Contact person at screening site (Daycare/Preschool Director): \_\_\_\_\_

If this is a Head Start please list a contact person that can be contacted to help with follow-up on referred children: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Lions Club Information**

Sponsoring Lions Club: Lakeville Lions Club

Address: P.O. Box 506

City & zip code: Lakeville, IN 46536

Lions Club Contact at Sponsoring Club: Paul Russell

Telephone number: 574-250-2621

Email: pdgpaul25g@gmail.com

Name of Person that screened the children: \_\_\_\_\_

District: 25-G

Please send the Consent/Result forms and Vision Cover Sheet to:

Sheila Christoff, Program Coordinator  
Operation KidSight  
8780 Purdue Rd., Suite 5  
Indianapolis, Indiana 46268