

Corporate Address
7120 NW 11th Place
Gainesville, FL 32605

Date: _____

Dear Preschool/Childcare Director:

It was a pleasure to visit with you regarding the KidSight program. We are pleased that you have decided to participate in this free vision screening program. This program is carried out through the volunteer efforts of your local Lions Club in partnership with the Florida KidSight Foundation. It is with the assistance of people like you that we will be able to help the thousands of children who need to be screened for amblyopia (lazy eye). We have enclosed the following items for your information and use: (1) Consent Form; (2) KidSight Factsheet; and (3) Reminder Poster.

We ask that you help with the following steps:

1. Please copy and give the Consent Form and KidSight Factsheet to the parents/guardians as soon as possible. Please remind them to sign the Consent Form and return it to you. If the form is not properly signed, we will be unable to screen their child.
2. Be sure to read over the Consent Form and Factsheet so that you will be able to answer parents'/guardians' questions concerning the screening. Feel free to call us if you need assistance.
3. Ask the teachers to be of assistance on the day of the screening. One teacher or staff person will need to remain with the children being screened.
4. Assign a screening location. This must be a quiet space without distractions that can be dimly lit. Additionally, the space is to have two child-size chairs, as well as a table for paperwork and our equipment, and at least one electrical outlet. Children may come to the screening area in groups of 4 or 5 at a time.
5. Place the KidSight poster in a prominent location to remind parents/guardians of the upcoming screening and the need to return the Consent Form to you ASAP.

Thank you again for your help in giving this invaluable service to the children of your area. Please call us with any questions or comments.

Sincerely,

Nausheen Khuddus

Nausheen Khuddus, MD
President, Florida KidSight Foundation, Inc.

Enclosures

Lions Representative Name:

Phone Number or Email:
