MOBILE VISION SERVICES
CONSENT AND RELEASE FORM

Dear Parent/Guardian,

An eye exam is recommended for all students every year. Has your student gotten theirs yet this year? *Vision To Learn* is a nonprofit organization with a traveling Vision Van that houses an eye doctor's office which provides free eye exams and free glasses to students in kindergarten through 12th grade.

The Vision Van will be visiting *Make Wellston Beautiful* programs this summer and together we would like to offer your student(s) the opportunity to receive a free eye exam and if needed, an opportunity to order free glasses. **To register your student to meet with the eye doctor on the van, please complete, sign and return the below form to *Make Wellston Beautiful* staff or PO Box 306 Wellston, OH 45692 by May 25th.**

We think your students are pretty "spec"tacular and we want to help them see themselves and the world around them that way too!

Sincerely,

Make Wellston Beautiful & Vision To Learn

Child's First Name:

Child's Last Name:

Child's Date of Birth: Month / Date / Year

Child's Gender (please check one): ☐ MALE ☐ FEMALE ☐ NON-BINARY

Parent/ Guardian First Name:

Parent/ Guardian Last Name:

CONTACT/MAILING INFORMATION:

Street Address: Unit/Apt:	City:	State:	Zip:

Phone Number:	Emergency Phone Number:	Email:

Host Program/School:

Name : Make Wellston Beautiful	
Address: PO Box 306 Wellston, OH 45692	

By signing this form, I acknowledge that I have the right to refuse any services provided by Vision To Learn but that I am voluntarily choosing for my child to receive vision services. Vision To Learn provides a vision evaluation with a full refraction. Vision To Learn is able to provide glasses to students who need them, but does not provide comprehensive eye exams. Vision To Learn sometimes collects images to publicize its programs. I agree that my child may be photographed, filmed and/or voice recorded in any format (collectively called "Recordings") and that Vision To Learn will own and may use such recordings without any further permission from me and without compensation to my child or my child's parents /guardians.

My signature shows that I have read and understand this voluntary Consent and Release Form and I agree to its provisions.

Parent/Guardian Signature:_____ Date:_____

Ohio Optometric Foundation

Vision To Learn
Focus on the Future

FOUNDATION FOR APPALACHIAN OHIO
Give. Grow. Create.