

LIONS CLUB OF

CONSENT FORM

hereby give my written consent to the Lions Club of	I,	(Legal Parent / Guardian) 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 spectacle script in the event that this visual aid may be recommended. Signature			-, (Son / Daughter)	Aged ———
Signed at on this the day of,20 Full Name Contact Numbers: Home: Work:	to permit them to und of determining his / ho	ertake an eye test on m er sight characteristics a	y son / daughter wi nd thereafter possi	th the purpose bly finalizing a
Full Name Contact Numbers: Home: Work:	Signature	(Legal Parent / Gua	ardian)	
Contact Numbers : Home : Work :	Signed at	on this the	day of	,2007
Home : Work :	Full Name			
Work :	Contact Numbers :			
	Home :			
Cell :	Work :			
	Cell :			