

# Comox Valley Monarch Lions Club

Dear Parent(s) or Guardian;

The Comox Valley Monarch Lions Club, in partnership with School District #71 (Comox Valley), is pleased to launch our "Your Vision is Our Vision" project. This no cost program is designed to assist in identifying children in our community with vision problems.

## Who is eligible for this program?

All students in Grades 2, 4 and 7 registered in Comox Valley Public Schools.

## How does it work?

1. Your child's eyes will be checked using the **SPOT Vision Screener**. The SPOT Vision Screener is a handheld, portable device designed to quickly and easily detect vision issues. SPOT screens both eyes at once from a nonthreatening 3-foot distance. SPOT accurately detects the potential indication of these common vision problems:

- Hyperopia: *farsightedness*
- Myopia: *nearsightedness*
- Astigmatism: *blurred vision*
- Anisometropia: *unequal refractive power*
- Gaze: *eye alignment measurement*
- Anisocoria: *unequal pupil size*



2. SPOT Vision Screening is not a comprehensive eye exam. This screening is designed to alert a parent/guardian to the possibility of a visual problem but does not take the place of a visit to an eye care practitioner.
3. If results suggest further screening and possibly eyeglasses, parents will be notified and can make arrangements with an Optometrist of their choice for further assessment, if required, prescription, and glasses. The Optometrist will have the correct eyeglass lens prepared in a frame of your choice. There is **no charge for the assessment** by the Optometrist as it is covered by your MSP.
4. It is recommended to all parents that your child be tested by an Optometrist on a regular schedule as part of his/her medical checkup. Optometrist vision testing is of no charge for children up to the age of 18.
5. SPOT Vision Screening at your child's school is scheduled for October 2023.

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## COMOX VALLEY MONARCH LIONS VISION SCREENING PROGRAM

If you **do not** wish your child to participate in the SPOT Vision Screening Program, please sign and return this form to the school:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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