



# Eye Evaluation School Field Trip Parental Consent Form

*(Parents, please return this signed form and the Eye Doctor registration forms to your School nurse once filled out)*

To:

- Aurora Walmart Vision Center, Aurora, IN
- Aurora Walmart Vision Center, Aurora, IN then to Dearborn Optical, 694 Eads Parkway, Lawrenceburg, IN
- Greensburg Eye Care, 1204 N. Lincoln St., Greensburg, IN
- The Eye Care Group, 405 Ferry Street, Vevay, IN
- Eye Associates, 1154 S Ripley Estates Dr., Suite 6, Versailles, IN

I/We the parent(s)/legal guardians of \_\_\_\_\_ (student name), \_\_\_\_\_ (age) \_\_\_\_\_ (grade) hereby give consent for my/our son/daughter to travel on the bus to the office of the above designated Optometrist(s) for an eye evaluation on \_\_\_\_\_ (date). I/we hereby release \_\_\_\_\_ (school) as well as the faculty and staff that might chaperone this field trip from all liability and for any and all harm that might arise to my son/daughter as a result of this school approved activity.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

