



Dear Parent/Guardian,

At Total Vision Care, we realize the importance of regular eye checkups, especially for children. Preventive checkups can help diagnose conditions including vision loss, lazy eye, or crossed eyes. Because children often do not understand that they have a vision problem, screening and detection are key elements in a child's personal and academic development.

That's why we are partnering with the Pittsburgh Penguins & Tickets For Kids to ensure your child has the opportunity to visit the eye doctor. We will be providing free eye examinations, eyeglasses if determined necessary, and we will be educating children and parents on the importance of good vision, symptoms of vision problems and what to do if you suspect you have a vision problem.

If you would like for you child to participate, please complete the registration/ consent form. Return the signed form with your child to the vision screening. The form must be presented before your child's eye examination.



## REGISTRATION AND CONSENT FORM

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Agency: \_\_\_\_\_

Chaperone: \_\_\_\_\_

Date of last exam: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Yes, I authorize a licensed optometrist to provide a free eye examination and instruction in eye health and wearing glasses for my child.

Yes, I read the a below and authorize the use of my/my child's photograph as described.

1. I hereby authorize Highmark, Inc. and/or its subsidiary companies to record, film, videotape or otherwise retain and use my name, image or likeness, recorded voice, remarks and achievement(s) (the "Materials") in any medium or format.
2. Highmark, Inc. and/or its subsidiary companies may show, play, print, e-mail or otherwise publish the Materials for advertising, informational and publicity purposes (the "Purposes") in perpetuity.
3. In accordance with the authorizations set forth above, I agree to waive:
  - (a.) Any right to inspect and approve the Materials or the Purposes.
  - (b.) Any claim for compensation.
  - (c.) Any causes or potential causes of action including but not limited to:
    - (i.) invasion of privacy, defamation or right of publicity, and, without limitation, any claim involving the blurring, alteration, distortion or illusionary effect related to the Materials or the Purposes; or,
    - (ii.) the use in composite form of my name, voice, image or likeness and achievement(s), as long as such use is related to the Materials or the Purposes.
4. I am over 21 years of age. (If not yet 21 years of age, my parent or legal guardian has signed above.)
5. I have the right to enter into this Agreement and have no confl icting contracts, commitments or legal obligations that would interfere with the authorizations herein granted.

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

### Notice Of Privacy Practices

(To be completed by the individual receiving the Notice of Privacy Practices)

I, \_\_\_\_\_, acknowledge that I have received the Privacy Practices Notice.

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**When: March 28, 2009**

**Where: Mellon Arena • Pittsburgh, PA**