



Georgia Lions Lighthouse Foundation

Better Vision. Better Hearing. Better Georgia.

Signature _____

Date _____

***** IF THE CHILD HAS AN EYE PRESCRIPTION LESS THAN 1 YEAR OLD PLEASE SUBMIT THE PRESCRIPTION WITH THIS FORM*****

Applicant/Parent Guardian MUST Read and Sign This Statement:

"I fully understand Lighthouse services are limited to persons unable to pay for, or receive from other sources this assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that the Lighthouse will not pay for any vision care expenses billed to me prior to the approval of this application. I also understand my application may be reviewed by a Lions Club, medical professionals, and/or the Lighthouse staff. In addition, I hereby give permission for my medical records to be release to the Lions Club, the Lighthouse, and to any eye specialist, hospital, medical professional, or agency involved with my vision care."

Signature of Application (or parent if applicant is child)

Witness (if applicants signs with an "X")

"By initialing below, I consent that the local Lions Clubs in my home county may have complete access to my file. I understand that these Lions Clubs are separate legal organizations from the Georgia Lions Lighthouse Foundation, Inc.; however, they may be able to provide services or financial support for the needs requested herein."

Signature of Application (or parent if applicant is child)

Witness (if applicants signs with an "X")

NOTE: Please make sure your mailing address is correct. Failure to do so will result in glasses being returned to our office. In the event that your glasses are returned to our office you will be **CHARGED a fee of \$5** to cover the cost of the Georgia Lions Lighthouse Foundation re-mailing your glasses. Your signature verifies that you understand this statement.

Sign: _____ Date: _____

***** IF THE CHILD HAS AN EYE PRESCRIPTION LESS THAN 1 YEAR OLD PLEASE SUBMIT THE PRESCRIPTION WITH THIS FORM*****

Please email or Fax this form to the attention of Morgan Alexander at 404-636-5549 once complete. If you have any questions please contact our office at 404-325-3630.