



# SUCCESS STORY

One in four children have a vision problem that affects their health, their ability to learn, and can even lead to permanent vision loss. Early detection and treatment is critical to a child's success. We love to hear the success stories when a child's life has been changed because of an EyeSpy 20/20 vision screening. **Share Your Child/Student's EyeSpy 20/20 Success Story.**

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

Parent/Guardian/Nurse Name: \_\_\_\_\_

School/  
Screening Location: \_\_\_\_\_  
Name City State

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Grade \_\_\_\_\_ Gender: M / F

## Child's Success Story

If your child's vision problem was detected with an EyeSpy 20/20 vision screening, we want to hear from you. What problem did EyeSpy 20/20 detect? What corrective treatment did he/she receive? How did detection and treatment improve your child's life? (improved reading, academics, behavior, athletic performance, health) **If possible, please include photos, schoolwork, examples of your child's success. Use separate sheet if needed.**

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## Child's Success Story Continued

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### Consent to Share My Child's Success Story

I \_\_\_\_\_ give my consent for the use of my child's success story, their image and any examples of schoolwork or documentation of my child's success for purposes related to public service and promotion of programs and events of VisionQuest 20/20, a 501 (c) 3 organization the dedicated to the elimination of undetected vision disorders and preventable blindness in children. Uses will include but may not be limited to the following: images and/or video content used for VisionQuest 20/20's website(s) or approved social media sites, and content related to promotion or broadcasts(s) including news outlets. I acknowledge that VisionQuest 20/20 is the owner of all rights and copyrights in and related to the reproduction thereof. All digital and non-digital copies or originals shall constitute the property of the owner solely and completely. VisionQuest 20/20 shall have the right to retain and maintain the property (as identified herein) subject to the direction of VisionQuest 20/20 or an authorized representative thereof, I order to protect or safeguard such property on behalf of VisionQuest 20/20. I understand that I shall receive no compensation for my appearance and participation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date