

RELEASE OF INFORMATION

I understand the information I submit to Emergency Sight and Hearing concerning my annual income, family size, family resources, insurance, medical history and all financial information is subject to verification by Emergency Sight and Hearing and/or their agents. This verification will be done by phone, letter, e-mail or credit check. I understand that that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point in the process. I agree to hold Emergency Sight and Hearing and any Lions Club of MA harmless from any injury resulting from treatment paid by them or associated with this application. I also understand that there are no expressed or implied services other than an exam and/or vision or hearing aids. My signature below attests that I have read, understood and agreed upon the above statement.

Applicant's Name (Please Print): _____

Applicant's Signature: _____ Date: _____

*If minor, parent/guardian signature required

*If signed by Power of Attorney (POA), please send copy of POA

After the local club president reviews this form for completeness and approves it, return this form to your local Lions Club.

Club _____

Member Name _____ Tel. _____

FOR ESH BOARD OFFICIAL USE ONLY

Applicant Name: _____ **Case #** _____ **Date:** _____

For mail votes Name of Director _____ Vote Yes No

This case has been reviewed by the ESH Board of Directors, and the following action has been taken

Date _____ Approved Declined Pending for the following information

Cost of Case _____