

IF YOU DO NOT COMPLETE THIS FORM YOUR CHILD WILL NOT RECEIVE A HEARING TEST

Croydon Health Services 

NHS Trust

Children's Hearing Centre
Crystal Children's Development Centre
Malling Close, Addiscombe
Croydon, CR0 7YD
Tel: 020 8274 6866

Dear Parent\Guardian

SCHOOL HEARING TEST - 16th & 19th OCTOBER

- The audiologist will be visiting your child's school to test the hearing of children in Year 1.
- If you are happy for your child's hearing to be tested please complete this form, sign the 'consent' section & return to the school office.
- **If you do not complete this form then unfortunately your child will not be seen.**
- If you do not want this test carried out please sign the 'DO NOT CONSENT' slip at the bottom of the page and return to the school office.
- If your child is being treated for their hearing please give details below, as a test may not be necessary.
- It is not necessary for you to attend and a letter will be sent home informing you of the results.

Lead Audiologist

Child's Full Name:	
School: MONKS ORCHARD PRIMARY Class:	Date of Birth:
Address:	Home Tel No: Mobile Tel No:
Name of Family Doctor: Address:	

CONSENT

Do you have any concerns about your child's hearing?

Please circle your answer
YES/NO

Details:

Details of treatment being received for hearing:

Signed _____ Dated _____
Parent\Guardian

DO NOT CONSENT

I do not consent for the hearing of my child _____ to be tested in school.

Signed _____ Dated _____
Parent\Guardian

FOR OFFICE USE ONLY

Results of Hearing Test

	RIGHT	LEFT	
PASS			RETEST <input type="checkbox"/>
FAIL			REFER <input type="checkbox"/>

Tester's Comments:

Signature of Tester _____ Date of Test _____/10/2018

Tester: Tracey Ruddock