

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 - 20th, 21st & 22nd November 2019

- 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: The Minster Infant School Class:	Date of Birth: Email:
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, & any history of head or brain surgery:

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