

## Kindergarten Hearing Screening Consent

Health Screening is a process used to identify children who may need further assessment and/or interventions. The attached information sheet describes the Hearing Screening that will be offered within your child's program. Hearing Screening will not occur without your consent. You must sign this form for your child to have the screening.

<b>Demographics</b>		
Child's Legal Name (Last, First)	Date of Birth: (yyyy-mm-dd)	
Personal Health Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	
School	Teacher/Class	Grade
<b>Type of Screening</b>		
If you do not wish for hearing screening services, write <i>refused</i> across this area and return to the school.		
<input checked="" type="checkbox"/> <b>Hearing Screening</b> Screening looks at how well children hear. Alberta Health Services (AHS) health care providers check your child's hearing by placing earphones over or into the child's ears (like an ear bud). The child is presented with a series of beeps. Children indicate when they hear a sound.		
<b>Declaration of Consent</b> By signing this consent, I am giving consent for my child to have Health Screening done. I confirm that: <ul style="list-style-type: none"> <li>- I have read the attached information sheet regarding the nature, risks, and benefits associated with the health screening.</li> <li>- I am aware that I must contact the Alberta Health Services (AHS) staff listed on the information sheet if I have any questions about health screening or if I have any concerns about my child receiving the health screening service.</li> <li>- I am satisfied with and understand the information I have been given in the information sheet and to any questions or concerns I have discussed with the AHS staff listed on the information sheet.</li> <li>- I understand that I may, at any time, withdraw this consent to the service(s) initiated above by calling the AHS staff listed on the information sheet.</li> <li>- I confirm that I have legal authority to provide consent.</li> </ul>		
Name of Person(s) Giving Consent ( <i>print</i> )	Relationship to Child <input type="checkbox"/> Parent ( <i>with authority to provide consent</i> ) <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Daytime Phone Number	Alternate Phone Number	
Signature of Person(s) Giving Consent	Date ( <i>yyyy-mm-dd</i> )	

Alberta Health Services collects health information in accordance with Section 20 of the *Health Information Act* (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask your health care provider or contact the Chief Privacy Officer at 1-877-476-9874. **For further information contact Speech, Language & Hearing Services at (403-528-8175).**

**Who does the health screening?**

An Alberta Health Services (AHS) health professional, or support staff/student under the supervision of a health professional may do the screening.

**What are the benefits of health screenings?**

The screening finds health and/or developmental concerns early so that further health assessments and/or the right supports can be offered to promote your child's health and development.

**What are the risks of health screenings?**

A hearing screening has little risk. In a hearing screening, your child will hear faint tones or 'beeps' through the headphones.

**How will I know if there is a concern?**

The health care provider will contact you if your child needs further health assessment or supports. The teacher may also ask for your permission to make a referral for additional health services.

**Where is the health screening done?**

Health care providers may come to your child's program/school to observe your child or ask them to participate in short tests. The screening may be done throughout the year.

**What do I need to do so that my child can take part in the health screening?**

- Read all of the information you are given.
- Sign the attached consent form.
- Return the consent form to your school or school health care provider.

**What if I don't want my child to have health screening?**

The screening is not done without your consent. If you do not wish any screening services – write *refused* across the form and return the consent form to your school/site/program or health care provider. Remember, if you choose not have the health screening done, it may mean that your child will not benefit from additional services that he/she may need.

**Are there other options?**

Yes, you may look for other information sources related to healthy development and health screening or talk to your child's teacher or family doctor about whether they have any concerns.

**Who do I call if I have questions or concerns about the health screening?**

If you have questions or concerns, please contact:

Name

Phone Number

Jim Werner, Audiologist (Hearing Specialist)

403-528-8175

**FOR OFFICE USE ONLY**

Date of hearing screening: Pass = √ Refer = X	1000 Hz	2000 Hz	4000 Hz
LEFT EAR			
RIGHT EAR			