Letter to Parents

Dear Parent/Guardian,

Your school is introducing a Hearing Screening Program, which is a new service to school families in conjunction with the Audiology Clinic at the University of Queensland.

This is an excellent opportunity for your child to have his/her hearing screened. The testing will consist of the following:

- Screening hearing test for both ears under headphones.
- Screening of the function of the middle ear for both ears.
- Recommendation/s based on results obtained.

Testing may take approximately 10-15 minutes per child and will be adapted according to the child’s age and responses.

The test will be performed by Master of Audiology students from The University of Queensland, closely supervised by a qualified and experienced Audiologist.

The results will be collated and a summary of the results will be sent home with the child in the form of a booklet. Recommendations could include: further testing at the University or similar clinic or a referral to a General Practitioner for medical intervention.

Please return the attached questionnaire and signed consent forms to the school before _______________. Contact details for the University of Queensland Audiology clinic can be found on the results booklet should you have any questions about your child’s results.

Joshua Flett
Clinical Manager
Audiology
The University of Queensland
Questionnaire for Parents

1. Do you have any concerns regarding your child’s hearing? YES / NO
   *If yes please provide details:*

2. Has your child had a history of ear infections? YES / NO
   *If yes please provide details:*

3. Has your child had any ear surgery? YES/ NO; or seen an Ear, Nose and Throat Specialist previously? YES / NO
   *If yes please provide details:*

4. Has your child’s hearing been tested elsewhere? YES/ NO; Was a hearing loss diagnosed? YES / NO
   *If yes please provide details:*

5. Does your child have any developmental delays or conditions you are concerned about that may affect the testing? YES / NO
   *If yes please provide details:*

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Division of Audiology
The University of Queensland
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www.uq.edu.au/shrs

100 YEARS AHEAD
CLINICS ADMISSION FORM - PAEDIATRIC

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons.

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PARENT/GUARDIAN CONSENT

My signature (in the designated location below) indicates that I fully understand and agree to the following conditions:

- I hereby grant the UQ Health and Rehabilitation Clinics permission to render appropriate assessment and/ or therapy services to my child/ward.
- I understand that services rendered by the UQ Health and Rehabilitation Clinics are provided by students through/in the School of Health and Rehabilitation Sciences under the supervision of qualified Clinical Educators and/or Academic staff.
- I understand that as students are undertaking clinical placements in the UQ Health and Rehabilitation Clinics it may be necessary for my clinic file and the information contained therein to be handed over from one student to another within the same therapy clinic to ensure continuity of care.
- I understand that staff and students providing services are required to adhere to conditions of strict confidentiality, in consideration of professional ethical standards and the Australian National Privacy Principles.
- I understand that this program provides a screening assessment only and does not replace a comprehensive diagnostic assessment if this is required. I understand that it is the parents/guardians’ responsibility to follow up on any recommendations made.

I understand that the UQ Health and Rehabilitation Clinics have an attendance policy whereby clients may be asked to pay if they do not attend a scheduled appointment.

PARENTS/GUARDIANS PLEASE READ THIS SECTION CAREFULLY:

☐ Mark this box if you consent to the school having a copy of your child/ward’s results (This may be beneficial for your child’s education).

Parent/Guardian Signature: ____________________________________________

Witness (Print name and sign) __________________________________________

Date: __________________________________________________________________