



HEARING SCREENING CONSENT FORM – STUDENT

As part of the Kindergarten Hearing Screening Program, Hearing Services staff will be conducting hearing screenings at your child’s school this fall. This is done to identify those children who may have difficulties hearing.

- If your child attended the Kindergarten Health Fair held in May or has been tested at Hearing Services, and **passed** the hearing screening, they do not need to be re-screened.
- If your child has never been screened or attended the Kindergarten Health Fair held in May and **did not** pass, it is recommended that they be screened.

Please fill out the appropriate section below, and return to your child’s school at your earliest convenience. If you have any questions, please contact Hearing Services at 867-667-5913 (toll-free in Yukon 1-800-661-0408 ext. 5913).

Fill out one of the two sections below. Please print clearly.

NO SCREENING REQUIRED

My child _____ has already passed the hearing screening at the
FIRST AND LAST NAME
 Kindergarten Health Fair or at Hearing Services, and will not require further testing.

Signature of parent/guardian: _____

CONSENT TO SCREENING

I consent to my child _____ having a hearing screening at his/her school.
FIRST AND LAST NAME

Signature of parent/guardian: _____ Date: **YYY/MM/DD** _____

Parent/guardian phone number: _____ Name of child’s teacher: _____

Name of school: _____

Hearing Services
 204-4114-4th Avenue • Whitehorse, Yukon Y1A 4N7
 Phone: 867-667-5913 • Fax: 867-667-5922

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