



Queensland Government

Healthy Hearing Program Consent

Facility:

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. The hearing screen

I understand that all newborn babies should have a hearing screen to check if the baby might have a hearing problem.

URN:

Family name:

Given name(s):

Address:

Date of birth:

B. Are there any risks?

I understand that there are no known risks of injury to a baby in this procedure, but:

- There is a small chance that the hearing screen may show that there is no hearing loss where there might in fact be a hearing loss.
- A child could still develop a hearing loss later in life. It is therefore important for parents to continue to monitor their baby's hearing.

I understand that if I do not give consent for my child to have the hearing screen, a hearing loss might not be detected until a later stage. Later detection may mean that my child could experience delayed language development.

C. Parent consent or decline

I acknowledge that:

- I have read or have had explained to me the brochure - "Your baby's hearing screen", and has explained to me Queensland's Healthy Hearing Program.
 (name of hospital staff member)
- I was able to ask questions and raise concerns about the procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that where it is indicated that my child requires further testing, health professionals such as my GP, Child Health Nurse, Paediatrician, Audiologist, Family Support Facilitator and staff of the Healthy Hearing Program may be notified of the results and I may be contacted by staff associated with the Healthy Hearing Program.

I also understand that:

- The results of the screen will be recorded on a database which assists with follow-up of babies who require further testing or treatment. The database also allows for monitoring of the Healthy Hearing Program.
- Information from the database may be used for research purposes but names will not be used in any reports or published information.
- If clinical assessment indicates that my child should not be screened then they will be referred to Audiology for diagnostic assessment.

On the basis of the above statements:

- Screening I consent to my baby having the hearing screen.
 I **DO NOT** consent to my baby having the hearing screen.

- Clinical exclusion to screening I consent to my baby being referred to Audiology, without screening.
 I **DO NOT** consent to my baby being referred to Audiology, without screening.

Parent name (please print):

Signature:

Date:

D. Hospital staff statement

- I have explained to the parent the procedure and the risks.
- I have given the parent an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the parent understood the above information.

Staff member name (please print):

Signature:

Date:

Interpreter / cultural needs

- Is an Interpreter Service required? Yes No I have given a translation in of
 If yes, is a qualified Interpreter present? Yes No the consent form and any verbal and written information
 Is a Cultural Support Person present? Yes No given to the parent by the hospital staff member.

Interpreter name (please print):

Signature:

Date: