

Hearing Screening Consent Form

Dear Parent,

It is through hearing that your child will learn to talk. Approximately 3 newborns per 1000 are born with hearing loss. Although it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible.

The first two years of your child's life are the most important for learning speech and language. It is important to diagnose hearing problems early because a hearing loss can prevent your baby from learning speech and language.

Before your new baby leaves the hospital, we will do a hearing screening. The purpose of the screening is to check your baby's ability to hear and to help find those babies who need more hearing testing. We are screening for a mild hearing loss or greater.

Your baby will receive one or both of the tests below.

Evoked Otoacoustic Emissions test (EOAE). This test will not hurt your baby. Most babies sleep through the test. A soft rubber earphone is placed in your baby's ear and makes a soft clicking sound. Healthy ears will "echo" the click sound back to a tiny microphone that is inside the earphone. Both ears will be tested.

Brainstem Auditory Evoked Response test (BAER). This test will not hurt your baby. Most babies sleep through the test. Special sensors are placed on your baby's skin. A soft rubber earphone sends a series of quiet sounds into your sleeping baby's ear. The sensors measure the response of your baby's hearing nerve. These responses are recorded and stored in a computer. Both ears will be tested.

Please ask your doctor or nurse if you have any questions about the hearing screening.

CONSENT

I authorize/request a hearing screening test for my newborn, _____

I understand that a fee of will be billed and may or may not be paid by my insurance.

Signature of Parent/Legal Guardian

Date

I **DO NOT** wish to have this service provided at this time. The importance of testing my newborn's hearing has been explained to me, and I will contact my pediatrician if I decide to have my baby's hearing tested at a future date. I release , physicians and staff of any liability by requesting such. I have read and fully understand the brochure "Newborn Hearing Screening" and accept full responsibility for choosing not to have this test performed.

Signature of Parent/Legal Guardian

Date

Your Hospital Logo

Patient Stamp