

YOUR HOSPITAL NAME HERE

Hearing Screening Waiver 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.

A hearing screening test will not hurt your baby. Most babies sleep through the test.

I, _____
request that the Newborn Hearing Screening **NOT** be done on my baby prior to discharge from insert your hospital name.

I have been advised of the importance of having my baby's hearing tested. I have read and fully understand the brochure "Newborn Hearing Screening". I will contact my pediatrician if I decide to have my baby's hearing tested at a future date.

I release insert your hospital name, physicians and staff of any liability by requesting not to have the screening test done. I accept full responsibility for choosing not to have this test performed.

Signature of Parent/Legal Guardian

Date

Your Hospital Logo

Patient Stamp