

**YEAR 1 HEARING TESTS - IMPORTANT**  
**PLEASE RETURN THE CONSENT SLIP TO SCHOOL AS SOON AS POSSIBLE**



**Lancashire Teaching  
Hospitals**  
NHS Foundation Trust

**CHILDREN'S HEARING  
ASSESSMENT SERVICE**  
Ashton Health Centre

Tel: 01772 777455/777160

The audiometrician will soon be going into your child's school to screen the hearing of children in Year 1.

The test involves your child wearing headphones and lasts only a few minutes. The test is only a screening test and if your child fails it does not necessarily mean that he or she has a significant hearing loss. It does mean however, that they will need to be retested.

You will be informed of the results by letter. If your child fails the screening you will be offered an appointment to attend a community clinic where your child will receive a full hearing test. Your child's school will also be informed of the results.

If you have any concerns about your child's hearing, or any other questions, please contact the Children's Hearing Assessment Service on the number above.

**PLEASE SIGN THE ATTACHED CONSENT SLIP AND RETURN IT TO SCHOOL  
AS SOON AS POSSIBLE. YOUR CHILD WILL ONLY RECEIVE THIS  
IMPORTANT CHECK IF YOU HAVE GIVEN CONSENT.**

PLEASE CUT ALONG DOTTED LINE



**Child's Name**.....(Please print name)

**Date of Birth**.....**School**.....**Class**.....

I agree to my child having his/her hearing screened by the audiometrician.  
I have parental responsibility

Signed.....Parent/Guardian



**PLEASE PRINT YOUR NAME** .....**DATE**.....