Epsom and St Helier University Hospitals NHS Trust

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Dear Parent/Guardian,

School Hearing Screening Service

The School Hearing Screening Service provides a routine hearing test for all children when they enter Year 1 of Primary School. The reason for the hearing test is to check your child's hearing to ensure that they have access to sounds important for continuing speech and language development and to help them achieve their potential. We are writing to advise you that your child will be having a routine hearing test carried out by one of our Audiologists in your child's school.

Please be advised if your child has a **Programmable Ventriculo-Peritoneal (PVP) shunt,** we cannot test your child in school. You can still request a hearing test via your G.P.

Please complete the consent form below and return to the school **by April 1st, 2025. Please ensure you have ticked the consent box and signed the form.**
You can withdraw consent for testing at any time **by contacting your child's school in writing.**
Please be aware if your child is absent on the day of the test we cannot offer another date.

Yours sincerely
Audiologist/school screener

_____

Child's Name: _____ Date of birth:_____

Address: _____

Telephone Number _____

School: St Elpheges R.C Infants Class: _____

GP Name/address: _____

Please tick

□ I give consent for the above child to have a routine hearing test and subsequent retests.

Signed_____Name_____Date_____

Parent/Guardian- **Please ensure the form is signed**.