

# Chevron Ear Health Program (Mobile Children's Ear Clinics)

## Consent Form - Pilbara

Telethon  
Speech & Hearing



Please fill this form out in **pen and return to your school.**  
**One form per child.**

This consent form covers your child attending the Ear Health Program until the end of Year 7. This consent is valid even if your child moves to a new school covered by the Chevron Ear Health Program.

Updates of your child's details may be requested at times.



- I have read and understood the information about the Chevron Ear Health Program.
- I have asked any questions I may have and I am happy with the answers.
- I understand that we can pull out of this program at any time.
- I give permission to obtain and exchange information with health and educational professionals and other hearing/health/educational agencies concerning my child. I will be informed in advance wherever possible.
- I understand that data collected for the program may be used for research. I am happy for information from this program to be presented at a conference and to be published. My child will not be identified in any way.
- I know that my child can take part in this program without being part of the research.

Name of Child: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

School: \_\_\_\_\_ Medicare #: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Ref \_\_\_ Exp \_\_\_/\_\_\_

My child is:  Aboriginal  Torres Strait Islander  Both  Neither

I \_\_\_\_\_ (parent/legal guardian) **give consent** for my child to take part in the Chevron Ear Health Program. I can be contacted on \_\_\_\_\_ (phone) \_\_\_\_\_ (email) . I ( **give**/  **do not give consent** for my child's data collected for the program to be used for research. I understand that my child will not be identified in any way.

Signature of  Parent  Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE TURN OVER**

## MEDICAL HISTORY

**[THIS INFORMATION IS IMPORTANT FOR THE EAR DOCTOR / NURSE PRACTITIONER]**

Has your child had many problems with their ears in the past? Yes  No

Has your child had operations on their ears? No  Left  Right  Both

Is your child receiving treatment now for their ears? Yes  No

Ear Specialist \_\_\_\_\_ GP \_\_\_\_\_

Hospital \_\_\_\_\_

Are you worried about your child's health? Yes  No

If yes, please state why. \_\_\_\_\_

Has your child been very sick in the past? Yes  No

What illness? \_\_\_\_\_

Does your child have food or medicine allergies? Yes  No

Which ones? Food \_\_\_\_\_

Medicine \_\_\_\_\_

Are your child's immunisations up to date? Yes  No

Does your child take medicine at the moment? Yes  No

Which medicine? \_\_\_\_\_

My child usually goes to Dr. \_\_\_\_\_

All information is stored and cared for in accordance with National Privacy Principles.

For more information, please contact our Ear Health Program team:

**Office:** 9387 9872

**Email:** [hearing@tsh.org.au](mailto:hearing@tsh.org.au)

*Telethon Speech & Hearing runs Mobile Children's Ear Clinics as part of the Chevron Ear Health Program.*

