

New Zealand Audiological Society Inc

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Website: www.audiology.org.nz



Consent Form

We would like your permission to add information about your child to the Deafness Notification Database. The information is used to help understand the causes of hearing loss in NZ children and to ensure that services are available to help them. It is administered by the New Zealand Audiological Society.

Your child will not be able to be identified from the information in the Database.

Please sign below to indicate that you consent to information about your child's hearing being collected and used for this purpose.

Signature _____ Date _____

Name of person giving consent _____

Name of child with hearing loss _____

Clinic _____

If you have any further questions, please contact the New Zealand Audiological Society, PO Box 9724, Newmarket, AUCKLAND 1149 or www.audiology.org.nz or phone 0800 625 166