

# SoundBeginnings

## Newborn Hearing Screening Program

### Parent Newborn Hearing Screening Refusal Form

- I have been advised of the importance of having my baby's hearing screened.
- I understand that by declining the hearing screen may be putting my child at risk for the development of speech and language.
- I have read the "SoundBeginnings Kansas Newborn Hearing Screening Program" brochure.

I, \_\_\_\_\_ (Parent/Legal Guardian) of  
\_\_\_\_\_ (child's name), Date of Birth \_\_\_\_\_

**REFUSE** to have my child's hearing screened/rescreened or a diagnostic evaluation.

I release \_\_\_\_\_ (hospital/midwife/birthing coach/Physician)  
of any liability by requesting not to have the screening test done. I accept full responsibility  
for choosing not to have this test performed.

### Reason for refusal

\_\_\_\_\_  
*Even though your baby may be startled by loud noises we cannot be sure that they hear speech levels without a hearing screen. They cannot develop speech and language if they cannot hear it. This is the best way to be sure your baby has normal hearing.*

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_