



Lions of Illinois Foundation
PERMISSION SLIP FOR HEARING SCREENING
For Children Ages 10 - 17

Child's Name: _____ **Birthdate:** _____
(please print)

Address: _____ **Telephone()** _____

Signature of Minor Ages 10 – 17: _____
(parent/guardian must sign below)

Parent/Guardian Consent to Hearing Screening

We hereby certify that we are the parents or legal guardians of the child identified above as a registrant for the Lions of Illinois Foundation Hearing Screening Program. We hereby give our permission for our child to participate in that hearing screening program. We understand that our child will undergo a basic hearing test conducted by the Lions of Illinois Foundation. We also understand that interested volunteers may assist the technician with certain aspects of the test and that no physician or audiologist will be present during our child's hearing screening test.

Acknowledgement of Limited Nature of Hearing Screening Test

We understand that the hearing screening test which our child will receive will be a very basic test of hearing sensitivity and will not be equivalent to a medical examination of our child's ears or to a comprehensive testing of our child's hearing. We understand that many types of ear or hearing problems might not be detected by this screening test. Therefore, we understand that our child should have ear examinations and hearing tests by competent professionals on a regular basis even if this screening test indicates no current hearing problems. We also understand that it will be entirely our responsibility to obtain further testing and/or treatment in the event that this screening test indicates that our child might have a significant hearing problem.

Indemnification Agreement

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation and its employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Lions of Illinois Foundation Hearing Screening Program except for such liabilities, claims or demands which result from any injury or loss caused solely by the negligent or otherwise wrongful act or omission of the Lions of Illinois Foundation, its respective employees, agents or representatives.

Date: _____

Signed: _____

(Please Print Name)

Signed: _____

(Please Print Name)

(At least ONE (1) Parent/Guardian Must Sign)

700 N Peace Rd, Suite B

DeKalb, IL 60115

815-756-5633