earbus
foundation of WA

Children's Ear Health Check
EARBUS CONSENT FORM

School ☐ Year ☐ Class ☐

1. **PRINT** on this form in **INK** and **SIGN**
2. **Only ONE child for each form**
3. **RETURN** the form to the school office
4. You can pull out at any time
5. You can get help with the form at school

What happens?

A trained screener will....

- Look in your child's ears
- Do three quick tests
- Contact you about treatment

If needed we...

- Take pictures inside the ear (for the Doctor)
- Our Nurse, Health Worker or Doctor see your child at school
- May treat your child – we will contact you by phone or letter – give us your number below
- May give medicines – you do not have to pay – Please give us your Medicare number
- May ask schools to help with medicines at some schools
- Share results with your child's teacher, school health nurse, local AMS, WA Institute for Deaf Education (WAIDE) and other health professionals for further help
- **Tick here if you *DO NOT* want this to happen** ☐

I agree for my child to take part in the Earbus Program

NAME FIRST _____ **LAST** _____

Date of Birth ____/____/_____ Male ☐ Female ☐ **Other Name/s** _____

Address: _____ **Post Code:**_____

Medicare: 1 ☐☐☐☐☐☐☐☐☐☐ Ref ☐ Exp ☐☐ / ☐☐☐☐

Medicare: 2 ☐☐☐☐☐☐☐☐☐☐ Ref ☐ Exp ☐☐ / ☐☐☐☐

I am - Please tick one: CONSENT AUTHORITY > **PRINT NAME** _____

☐ Parent ☐ Guardian ☐ CPFS Caseworker ☐ **SIGN** _____ **DATE** __/__/20__

PHONE _____ ☐ **ALLERGIES YES/NO** ☐

When available, and in partnership with AMS, a Health Review may be part of our service

My child has recently had a health review ☐ Yes ☐ No

I would like my child to have a health review ☐ Yes ☐ No

PLEASE TURN OVER

Optional – Are you or your child? Aboriginal ☐ TorresStrait ☐
Pacific Islander ☐ Maori ☐ African ☐ Other _____

TELL US YOUR CHILD'S HEALTH STORY FOR THE DOCTOR

MY DOCTOR/SURGERY/AMS_____

My child is taking medicine? ☐ Yes ☐ No

Which One/s? _____

More about my child's allergy/reaction to medicine/food

Tell us which ones? _____

My Child's immunisation up to date? ☐ Yes ☐ No ☐ Unsure

EAR HEALTH

My child gets ear ache or runny ears? ☐ Yes ☐ No

Tell us about it _____

_____

My child is getting help from an EAR specialist? ☐ Yes ☐ No

Name of Ear Doctor _____ Where? _____

GENERAL HEALTH

My child has health problems now? ☐ Yes ☐ No

Which ones? _____

Any health problems in the past? ☐ Yes ☐ No

Which ones?_____

I am worried about your child's health? ☐ Yes ☐ No

☐ Speech ☐ Balance ☐ Heart ☐ Lungs ☐ Eyes ☐ Skin ☐ Weight ☐ Dental ☐ Other

Tell us why _____

earbus

Who are we? – We're a children's charity who identify and treat 'at risk' children affected by **Otitis media**. (Middle ear disease) We include **education** and **prevention** plans for families and communities

Who do we work with? We work with local elders and health providers in your community

Where? We carefully select schools in WA according to guidelines. We go where we are welcome and needed

How much does it cost? Our service is **FREE**, even surgery if needed.

Why attend the Earbus? We bring our highly trained team of Specialists, GP's, Audiologists, Nurses & Health Workers

Our treatment pathway? Surgery waitlist may be shorter in some areas (3 – 4 mths), working at the nearest regional hospital where we can.

Research? We sometimes use data for research and funding. Your child is never identified in any way.

Cultural Identity? Is completely optional, This will help us with funding to continue services. Thank you

FOR MORE INFORMATION ASK YOUR SCHOOL *or* (08) 9328 4574

www.earbus.org.au Follow us on