

Tell Us About Your Child's Health



What happens next?

1. The Earbus Team may see your child at school or in your community either in person or by telehealth
2. We might ask you or your child's teacher questions about your child
3. We might observe your child at school or in play
4. We might play some games with your child to see their skills
5. We might assess your child, treat them, or give medicines (for FREE)
6. We may share results with your child's teacher/carer, school nurse, local AMS, Hearing Australia and other health professionals. **Please tick the box/es if you DO NOT want your child's results shared with:**

☐ Teacher/carer ☐ School nurse ☐ AMS ☐ Hearing Australia ☐ Other health professionals

Medical Info:	Is your child allergic to anything, including medicines? ☐ No ☐ Yes If YES , please tell us what:
Are you worried about your child's development?	☐ No ☐ Yes ☐ Not sure If YES , please tell us what: ☐ Doing things for themselves ☐ Talking ☐ Balance or Moving ☐ Play ☐ Socialising ☐ Emotions ☐ Using Hands/Fingers ☐ Sleep ☐ Learning ☐ Behaviour ☐ Reading & Writing ☐ Eating & Drinking ☐ Other:
Has your child been diagnosed with a condition before?	☐ No ☐ Yes ☐ Not sure If YES , please tell us more:
Is your child taking medication?	☐ No ☐ Yes ☐ Not sure If YES , please tell us which medicine/s:
Does your child have trouble hearing?	☐ No ☐ Yes ☐ Not sure If YES , which ear? ☐ Left ☐ Right ☐ Both Please tell us more:
Does your child get earache?	☐ No ☐ Yes ☐ Not sure If YES , please tell us more:
Does your child get runny ears?	☐ No ☐ Yes ☐ Not sure If YES , please tell us more:

Earbus uses My Health Record, a safe and secure system so we may access your child's records to provide care to your child and to share your health information with doctors, hospitals and other registered healthcare providers.

Please tick here if you **DO NOT** want this to happen ☐



About Earbus Foundation:

Earbus is a charity that helps children affected by ear disease. Earbus works with Elders, schools, Aboriginal Medical Services, Royal Flying Doctor Service and local health agencies in your community. **Earbus services are FREE**, even surgery if needed. Our highly trained team visits your community regularly. For more information, call Earbus on 08 9328 4574 or visit www.earbus.org.au

Consent Form for Children

School/Centre:

Class:

Year:

Completing this form:

1. WRITE on this form in INK and SIGN
2. RETURN the form to the school/centre office
3. You can get help with the form at school/centre
4. You can stop participating at any time



earbus
foundation of WA



YOUR CHILD'S DETAILS:

Child's Name:	First Name Family Name
Date of Birth:	 / / Age Other Names
Gender:	☐ Male ☐ Female ☐ Other:
Child's Address:	 Suburb/Town Postcode
Cultural Identity:	☐ Aboriginal ☐ Torres Strait Islander ☐ Maori ☐ Other:
Medical Service:	☐ Derbarl Yerrigan ☐ Wirraka Maya ☐ Bega ☐ PAMS ☐ SWAMS ☐ GRAMS ☐ Other/Not Applicable:
About You:	☐ Parent ☐ Guardian ☐ Other:
Your Name:	First Name Family Name
Your Details:	Phone Email
Your Consent:	Would you like your child to receive a FREE health and developmental review? ☐ YES ☐ NO For the review, your child may see: nurse, audiologist, ear health screener, speech pathologist, occupational therapist, physiotherapist, other health professional I consent to my child receiving ongoing services through Earbus Foundation ☐ YES ☐ NO
Your Signature:	 Date/...../.....
Medicare:	Card Number Ref Exp
Concession:	Card Number Exp