



## Parent's Agreement to New Born Hearing Screening in Westfalen-Lippe

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I agree that my child take part in Hearing Screening and that personal data be transferred to the Screening Zentrale Westfalen-Lippe and to aftercare practitioners.

Place, Date \_\_\_\_\_ Signature: \_\_\_\_\_

I do not agree with the examination and transfer of personal data.

Place, Date \_\_\_\_\_ Signature: \_\_\_\_\_

I agree that my child take part in Hearing Screening, but do not agree that personal data be transferred to the Screening Zentrale Westfalen-Lippe and to aftercare practitioners.

Place, Date \_\_\_\_\_ Signature: \_\_\_\_\_