Date: __________________

Dear Parents:

The Munson Medical Center Mobile Ear Lab will be in Indian River in front of the Inland Lakes Middle School, _________________________________. Your child’s appointment is scheduled for _________________________________.

The purpose of the visit is to provide hearing evaluations, check any problems with hearing aids and make adjustments, check and adjust FM equipment, and make ear molds for students, if needed. Principals will be contacted by the hearing impaired teacher to arrange for dismissal from scheduled classes, if necessary.

If you have any specific concerns regarding your child’s hearing aids, please address these concerns on the permission slip below.

Please send the attached permission slip with your child.

I give permission for my child, ________________________________ to attend the Audiological Clinic on _________________________________.

_________________________  __________________________
Date                  Signature

If you want your child to participate in one or more aspects, please check below:

☐ Hearing Evaluation
☐ Hearing Aid Check
☐ FM Check and Adjustment
☐ Ear molds for FM Equipment

Parent Concerns Regarding Hearing Aid Performance:

__________________________________________

__________________________________________

__________________________________________

Original: Parent   Copy: Consultant

Ear Lab IR   Rev. 4/15/19

Jamie Huber, Superintendent
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