

NEWBORN HEARING SCREENING WAIVER REPORT

I, _____, (parent or guardian) request that the Newborn Hearing Screening NOT be done on my baby prior to discharge from _____.
Hospital

I release _____ and my physicians of any liability by _____
Hospital
requesting such. I have read and fully understand the informational brochure in the (Your hospital program binder/kit), and accept the responsibility for choosing not to have this screening performed.

Witness

Parent or Guardian

Date

Time

Relationship (if other than parent)