



All GSD students will graduate with a positive Deaf identity as bilinguals in American Sign Language and English, and will be prepared to make successful life choices.

Leslie D. Jackson, Superintendent
Dawn Kemp, Special Ed Director

Sharion Gooden, Principal

Parent/Legal Guardian's Request and Authorization For Hearing Aids

STUDENT NAME: _____

STUDENT DOB: _____

I am the parent/legal guardian of the above-named child and request the following specialized health care procedure(s) be available to my child during school hours. I realize this is necessary for my child to fully participate in school.

Procedure(s): Hearing Aids, as needed for the school year listed above. A diagnosis of "deaf or hard of hearing" requires this procedure.

The school Audiologist will do the procedure, according to orders from my child's healthcare provider. I understand that these personnel are released from responsibility for any complications resulting from administration of this procedure.

I also understand that, whenever possible, the specialized healthcare procedure(s) should be provided by the family before or after school hours.

Signature of Parent/Legal Guardian/Adult Student

Date

Physician's Orders for Administration Of Hearing Aids

STUDENT NAME: _____ **DOB:** _____

DIAGNOSIS: Deaf/Hard of Hearing

PROCEDURES(S): The above named student is medically cleared to wear hearing aids, as needed for the school year listed above.

Physician's Signature:

Date:

Address:

Phone: