

# UMN LIONS INFANT HEARING DEVICE LOANER PROGRAM



The loaner program is administered by the University of Minnesota and was developed with support from Lions Clubs International and through partnerships with device manufacturers. Our program receives grant funding and website support from Minnesota Department of Health.

## Loaner Hearing Device Agreement Form

Provider Name: \_\_\_\_\_ Facility/Clinic Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### UMN Lions Infant Hearing Device Loaner Program loans the following hearing device(s):

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ ID #: \_\_\_\_\_

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*Please initial each statement and sign below.*

\_\_\_\_\_ I agree that my child received loaned device(s) from the UMN Lions Infant Hearing Device Loaner Program.

\_\_\_\_\_ I agree that my child will use this/these hearing device(s) for up to six months.

\_\_\_\_\_ I agree to seek permanent hearing device(s) and/or medical treatment during this loan period for my child.

\_\_\_\_\_ I agree to return the loaned hearing device(s) to my child's provider, upon receipt of permanent devices.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thank you! Please return form to the Loaner Program at time of fitting. **FAX: 612-626-0701**

UMN Lions Infant Hearing Device Loaner Program  
University of Minnesota, Department of Speech-Language-Hearing Sciences  
164 Pillsbury Drive SE, Shevlin Hall: Room 28  
Minneapolis, MN 55455  
(phone) 612-626-7406

*The UMN Lions Infant Hearing Device Loaner Program and website application are sponsored by:*

