



Consent to School Medical Procedure

Child's First Name:	Child's Last Name:
Date of Birth:	NHS Number:
Address:	
Post Code:	Telephone Number:
Child's School:	School Year:
<p>The School Medical Procedure is completed by a member of the School Nurse team during the term your child will be 5 and consists of:</p> <ol style="list-style-type: none"> 1. A height and weight measurement 2. A hearing test <p>You will only be informed of your child's results if a concern is identified.</p> <p>This consent will also allow the Local Authority Healthy Families Team to have access to your child's measurements and you may receive a telephone contact for further support.</p> <p>The Healthy Families Team provide support and advice for families across Telford & Wrekin including healthy eating and ideas on how to get your family active.</p> <p style="text-align: center;">Consent to School Medical Procedure (please complete 1 box only)</p>	
I want my child to be included in the school medical procedure	I do not want my child to be included in the school medical procedure
Parent / Carer Name	Parent / Carer Name
Signature	Signature
<i>Parent / Guardian with parental responsibility</i>	<i>Parent / Guardian with parental responsibility</i>
Date	Date
(Please return this form to school once completed)	