Basic Education
Health

SHS 1a

INTEGRATED SCHOOL HEALTH PROGRAMME
CONSENT FORM
GRADES R TO 7

Dear Parent/Guardian/Caregiver

The Departments of Health and Basic Education are providing health services to learners in schools through the Integrated School Health Programme.

For your child to receive these services we need you to give permission by completeing the form on the other side of this page.

The school health services **MAY** include the following:

1. Checking your child's health (body, eyes, ears, teeth, mental health, TB and other conditions)
2. Deworming (Grades R – 7)
3. Immunisation (against measles, polio, tetanus and diphtheria)
4. Treatment for common health problems if needed (worms, scabies, lice)
5. Health education
6. Immunisation against the virus (HPV) which causes cervical cancer (Grade 4 girls 9 years and older).

You can come with your child to school on the day when the health team visit. You will be informed if your child needs to be referred for any other services.

Please contact the School Principal for any inquiries or additional information about these services or if you have given permission and you want to change your mind.

Please return the completed form to the school as soon as possible.

Yours sincerely

_____ _____ _____

Principal's signature **Principal's name and surname** **Date**

Name of School: _____ **School Tel:** _____

(school stamp)

PERMISSION/CONSENT FORM: SCHOOL HEALTH SERVICES

Parent/Guardian/Caregiver please **COMPLETE** the information on this form

Name of Learner: _____ Grade: _____

Date of birth: _____ Age: _____

A. IF YOU WANT YOUR CHILD TO RECEIVE SCHOOL HEALTH SERVICES COMPLETE THIS SECTION

I _____**give permission** for my
(name and surname of parent/guardian/care giver)

child_____
(name and surname of child)

to receive **ALL** school health services at any time during the school year

_____ _____
Signature: Parent/guardian/caregiver **Date**

B. IF YOU WANT YOUR CHILD TO RECEIVE ONLY SOME SCHOOL HEALTH SERVICES COMPLETE THIS SECTION (Tick the box next to the services you want your child to receive)

- ☐ Immunisation against the virus **(HPV)** which causes cervical cancer ONLY for **Grade 4 girls 9-yrs and older**
- ☐ Deworming
- ☐ Health Check (body, eyes, ears, teeth, mental health, TB and other conditions)
- ☐ Immunisation (Measles, Polio, Td)
- ☐ Treatment for common health problems

_____ _____
Signature: Parent/guardian/caregiver **Date**

C. THIS SECTION MUST BE COMPLETED

Does your child have any health problems? ☐ No ☐ Yes Don't know ☐ If **Yes** what is the problem? _____ **If yes: Is your child receiving treatment for the health problem?** ☐ No ☐ Yes Don't know ☐	**Do you have a household member with TB?** ☐No ☐Yes **Does your child have any allergies?** ☐ No ☐ Yes Don't know ☐ If **Yes** what is your child allergic to? _____ **Has your child received their 6 year old vaccination?** ☐ No ☐ Yes Don't know ☐