**Withdrawing your child Health Screening**

School health checks are carried out on an 'opt out' basis.  If you **do not**wish your child to have them, you need to 'opt out' by completing the form below. You can also let us know if your child has a medical condition which affects their height and weight.

**If you are happy for your child to have these health checks, there is no need to contact us unless you are proving medical information.**

*Please complete this form and hand into the school secretary*

**Health Screening Opt out**

Name of child:

Child's date of birth:

Name of school:

Parent / guardian name:

Relationship to child:

Please tick the statements that apply:

|  |  |
| --- | --- |
|  | I do not wish for my child to be weighed and measured (Reception)  |
|  | I do not wish for my child to have their vision checked (Reception) |
|  | I do not wish my child to have their hearing checked (Year 1) |

If your child has a medical condition or takes medication that affects their growth or weight, please provide brief details below.  We ask this question to help us correctly assess your child's measurements.

Your comments:

Please hand into the school secretary. We will keep this information on record and inform the health screener / school nurse of your choices.  If you would prefer to provide this information through the school nurse, you can do this via the contact details in this booklet.