



**INTEGRATED
SCHOOL HEALTH PROGRAMME
CONSENT FORM
GRADES R TO 7**

Dear Parent/Guardian/Caregiver

The Departments of Health, Basic Education and Social Development provide 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 completing 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, TB and other conditions)
2. Deworming (Grades R – 7) (one tablet, that is swallowed)
3. Routine immunisation (against measles, polio, tetanus and diphtheria) and may include immunisation during disease outbreaks response.
4. Immunisation against the virus (HPV) which causes cervical cancer (Grade 5 girls, nine years and older).
5. Immunisation campaign for grade 5 learners (boys and girls) with Tetanus and reduced amount of diphtheria (Td) (Diftavax®) against Tetanus and Diphtheria.
6. Treatment for common health problems if needed (worms, scabies, lice etc)
7. Health education
8. Mental health and psychosocial support

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

Please contact the school principal for any enquiries or additional information about these services **OR** if you have given written permission and you want to change your mind.

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

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. PLEASE CROSS A BOX NEXT TO THE SERVICES YOU WANT YOUR CHILD TO RECEIVE

I _____ give permission for my child to receive the following:

Name: parent/guardian/caregiver

YES NO Please cross YES or NO

- Immunisation against the human papillomavirus (HPV) which causes cervical cancer for **Grade 5, girls nine years and older**
- Immunisation campaign for grade 5 learners (**boys and girls**) with Tetanus and reduced amount of diphtheria (Td) (Diftavax®) against Tetanus and Diphtheria.
- Deworming
- Health check (body, eyes, ears, teeth, mental health, TB and other conditions)
- Routine immunisation (against measles, polio, tetanus and diphtheria) including immunisation during disease outbreak response.
- Treatment for common health problems

Signature Parent/guardian/caregiver

AND/OR Signature: Learner, 12yrs & older

Date: _____

Tel/ Cell number for Parent/guardian/caregiver _____

B. THIS SECTION MUST BE COMPLETED , PLEASE CROSS YES OR NO

Does your child have any health problems?
No Yes Do not know

If yes: Is your child receiving treatment for the health problem?

No Yes Do not know

Do you have a household member with TB?
No Yes

Does your child have any allergies?
No Yes Do not know
If yes what is your child allergic to?

Has your child received their six-year-old vaccination?
No Yes Do not know