

Child

Family Name: _____ First Name: _____

Date of Birth: ____/____/____ Year level: ____ Class Teacher: _____

Residential Address

No. & Street: _____

Town: _____ Post Code: _____

Telephone Number: _____

Parent/Carer

Name: _____

Relationship to child: _____

Consent

We need your consent before we can do the School Screenings, which are held in March Followed with ear health checks June, September, December each year.

Name of School/Centre: _____

I consent to:

- My child undergoing a routine Health Check / Ear Health Check from YADU Health staff.
- The results of the Health check, which may affect my child's learning or development, being discussed with myself (Parent/Carer) relevant teachers, support staff at the above School/Centre
- Hearing test results being given to Dept for Education and Child Development Agency-Special Educator to enable planning, and provision of equipment

I would like more information before making any decisions: **YES** **NO**

If so, please contact me by: Telephone: **YES** **NO** Home visit: **YES** **NO**

PARENT/CARER SIGNATURE: _____

Parent/carer are welcome to attend

I (Parent/Carer) will attend: **YES** **NO**

What Health Checks are included in the School Screening

- Skin Assessment
- Hair/Scalp assessment
- Height
- Weight
- Eyes for vision and trachoma
- Haemoglobin (iron levels)
- Ears (using video visual to look into ear)
- Hearing Test
- Glucose (Blood Sugar Levels)