

# Health checks at school Consent Form



**Please read  
this information  
carefully.**

When you have made a decision, please fill in the consent form, sign it and return it to your child's school.

**Thank You**

**Te Whatu Ora**  
Health New Zealand



DD3318



# Consent form to let us know if you want your child to have Health Checks at school.

**PARENTS/GUARDIANS – please fill out all of Section A (blue).**

- If you **DO** want your child to have the checks, please fill out all of **Section B (green).**
- If you **DO NOT** want your child to have the checks, please fill out all of **Section C (red).**

## A Section A: CHILD'S DETAILS – All parents/guardians please fill out this section

PLEASE PRINT CLEARLY

School:  Room name or number:

Surname (last or family name):

First name:  Middle name(s):

Other surnames the child has had:  Date of birth:   Male  Female

Home address:  Postcode:

Phone: (day)  (evening)  (mobile)

Email: (Provide only if you are happy for ADHB to communicate with you by email. Note: information may be less secure when sent via email.)

With which ethnic group does your child most closely identify? (You may tick more than one.)

NZ European  Māori  Samoan  Cook Islands Māori  Tongan  Niuean  Chinese  Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Family doctor's name:  Child's NHI number\* (if known):

Medical centre name:  Medical centre phone number:

Medical centre address:

\* An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand.

## B Section B – Yes I DO want my child to have health checks at school

Yes I agree to my child having health checks at school

PLEASE TICK ONE

I am:  mother  father  guardian

A day-time contact name:

A day-time contact phone number:

Your full name:

Your signature:

Date: (day / month / year)

## C Section C – No I DO NOT want my child to have health checks at school

No I do not want my child to have health checks at school

PLEASE TICK ONE

I am:  mother  father  guardian

A day-time contact name:

A day-time contact phone number:

Your full name:

Your signature:

Date: (day / month / year)

PLEASE COMPLETE CONSENT FORM, TEAR OFF AND RETURN TO SCHOOL

THANK YOU. PLEASE RETURN THIS TEAR-OFF PORTION TO SCHOOL.



## Health checks at school

From time to time your child may be brought to see the nurse by school staff if your child has a health problem.

Signing this form gives permission for the nurse to check your child without you being present, for any minor concerns.

For example:

- ★ General Health Checks
- ★ Skin health checks and supply of treatment if needed
- ★ Rheumatic fever prevention and treatment of sore throats
- ★ Ear and Hearing Checks/ Assessments

## Preventing rheumatic fever

Rheumatic fever continues to be health problem in New Zealand. Rheumatic fever often starts with a sore throat, caused by the strep germ.

It is important you follow up with your Family Doctor or School Nurse.

## How are strep throats treated?

Your child will need to take an antibiotic medicine for 10 days. This is the best way to treat strep throat and prevent Rheumatic fever. We or your Family Doctor will provide this medicine for free.

Adults with a sore throat will need to go to their family doctor for a check.

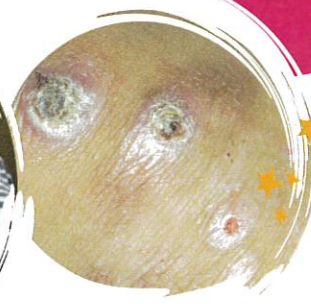
You will also be given advice on how to stop the strep germ spreading to other people.

## Skin problems

Skin problems are common in children and include:

- ★ Infected insect bites
- ★ School sores (impetigo)
- ★ Scabies - an itch rash and blisters caused by small insects that get under the skin
- ★ Eczema
- ★ Boils
- ★ Cellulitis

Anyone can get a skin infection. Many skin infections, such as scabies and impetigo, are easily spread from the infected person to their family and whānau. If one person in your family has a skin infection, it is important to check everyone else as other family members may have an infection that needs to be treated.



**Stop sore throats hurting hearts – get them checked!**

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get them checked!**



**To keep skin healthy:  
check skin often  
clean and dry hands often  
cut fingernails short  
COVER sores with a plaster.**

**Where can I get  
more information?**

**Contact the Starship Community Nurse at the school if you would like more information about filling in this consent form.**

**Speak to your family doctor or practice nurse at any time.**

**About Us**

Starship Community is made up of a team of health professionals who provide community nursing, allied health and cultural support to children, young people and their families in Auckland City

If you would like to know more about what we do and how we could help **you are welcome to contact us on:**

**09 639 0200 or email:  
StarshipCommunity@adhb.govt.nz**

**How are skin  
infections treated?**

Early skin infections are usually treated by cleaning and covering with a plaster so the infection doesn't spread.

Bigger skin infections can be treated with antibiotic cream or antibiotic medicine. We will provide this free of charge.

We will also provide dressings to cover the infected area.

Treating skin infections early is important to stop a more serious problem.



**Privacy**

Your child's privacy will always be protected. Information about any throat swabs taken or any treatment your child receives will be recorded on a health database. Only health staff, including your family doctor, can see your child's information. Your family doctor will be told if your child is receiving treatment for strep throat or skin infection.

**Important:**

**We will always contact you if we have seen your child for a minor health problem at school.**

**Other health issues**

The Starship Community Nurse who visits your school can also provide advice and support to you and your whānau for a range of other health problems.

These health problems can make it hard for children to learn at school.

**Such as:**

- ★ **Breathing and chest problems like asthma or coughing all the time**
- ★ **Toileting problems**
- ★ **Ear problems such as runny or sore ears or difficulty hearing**
- ★ **Diet and healthy eating**
- ★ **Allergies**

**And many other health concerns**



**What do I  
need to do?**

Talk about these health checks with your child and with your family and whānau. When you have decided, please fill in the form, sign it and return it to your child's school.

Remember you can change your mind at any time by letting us or the school know.

If you want your child to have these free health checks, please fill in the blue part of the form and then sign the green part of the form.