



**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 Human Papillomavirus (HPV) which cause cervical cancer later in life (for Grade 4 girls, nine years and older and Grade 5 girls who received their 1st HPV dose in Grade 4 during the HPV Vaccination Campaign of the previous year).
5. **The second dose of HPV immunisation is given at an interval of 5-6 months after the first HPV Vaccine dose**
6. Treatment for common health problems if needed (worms, scabies, lice)
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 withdraw.

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

Name of school: \_\_\_\_\_ School Tel: \_\_\_\_\_  
(school stamp)

**Consent forms must be kept safely by schools. Consent to be provided yearly by parents.**

**PERMISSION/CONSENT FORM: SCHOOL HEALTH SERVICES**

Parent/guardian/caregiver please **COMPLETE** the information on this form

Name of learner: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of birth: \_\_\_\_\_ .Age: \_\_\_\_\_ phone: \_\_\_\_\_

**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

- | <b>YES</b>               | <b>NO</b>                | <b>Please cross YES or NO</b>  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Immunisation against the human papillomavirus (HPV) which causes cervical cancer. ONLY for Grade 4 girls nine years and older or Grade 5 girls who received their 1st HPV dose in Grade 4 during the HPV vaccination Campaign of the previous year). The second dose of HPV immunisation is given at an interval of 5 -6 months after the first HPV Vaccine dose |
| <input type="checkbox"/> | <input type="checkbox"/> | Deworming  |
| <input type="checkbox"/> | <input type="checkbox"/> | Health check (body, eyes, ears, teeth, mental health, TB and other conditions)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Routine immunisation (against measles, polio, tetanus and diphtheria) including immunisation during disease outbreak response.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment for common health problems   |

\_\_\_\_\_  
Signature Parent/guardian/caregiver

\_\_\_\_\_  
AND/OR Signature: Child, 12yrs & older

Date: \_\_\_\_\_

Tel/ Cell number for Parent/guardian/caregiver \_\_\_\_\_

**B. THIS SECTION MUST BE COMPLETED , PLEASE CROSS YES OR NO IN THE BOX**

**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

**Schools to keep all consent forms safe. To be replaced on a yearly basis.**