**Consent Form**

Dear Parent/Carer,

The School Health Nursing Service will be coming to your child’s school to provide screening for the following:

**Vision Screening**

The aim of vision screening is to help identify a child with a possible vision problem and refer them to the specialist services for further tests if necessary.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653434/vision_screening_parent_leaflet.pdf>

For more information about the School Health Nursing Service and the measurements that will be taken, please visit the School Health Nurse section of the following website

<https://cchp.nhs.uk/cchp/explore-cchp/school-health-nursing/north-somerset>

**Important Information:** Please return the opt-out form to the school nursing team as soon as possible. If no consent slip is returned we will assume you **DO** consent to vision screening.

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| **Consent Form for School Entry Health Review Screening** |
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| (When completed please send form via email to nsomerset.schoolnurses@nhs.net by March 19th 2021) |
|  |  |  |  |  |  |
| Child’s Name: |  | Date of Birth: |  |
|  |
| Name of School: |  | Ethnicity of Child: |  |
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**The School Health Nursing Service is inviting your child to receive vision screening**

**Vision Screening:**

 I **DO NOT** want my child to receive vision screening (tick box if appropriate)

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| Signature: |  | Date: |  |
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|  |
| **Please print your name:** |  |  |
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|  |
| Relationship to Child: |  |  |
|  |
|  |  |  |  |  |  |
| **THIS FORM MUST BE SIGNED BY A PERSON WITH PARENTAL RESPONSIBILITY** |
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| How would you prefer to be contacted by the School Health Nursing Service in the future? |
|  |
| Phone  | [ ]  | Text | [ ]  | Post | [ ]  | Email | [ ]  |
|  |
| If e-mail or phone please provide details: |