Please return this page to the Class Teacher

We would like your consent for some of the ways we store and share medical information about your child.

We would like to:

- Share information about your child with Health Professionals coming into school for example to do vaccinations and eye tests
- Take information such as height and weight for public health monitoring initiatives

This makes it easier for us all to keep your child healthy.

Please initial the relevant boxes and return to school asap.

Childs Name: …… **Current Class:** ……

Use of information for medical purposes	**Initials**
I am happy for the school to share information such as my child's height and weight with the NHS	
I am happy for the school to share information such as my child's height and weight with the Local Authority	
I am happy for the school to share information about my child with health professionals doing vaccinations	
I am happy for the school to share information about my child with health professionals doing vision checks	
I am happy for the school to share information about my child with dental practitioners in the event of dental inspections	
I am happy for the school to share information about my child with educational psychologists	
I am NOT happy for the school to use and share medical information in these ways	

Signed: …… **Date:** ……

(parent/carer)