

10-11 year old Health Review Consent Form

I have read the written health review letter and I give permission for my child to be weighed and measured.	
Childs name:	GP:
Date of Birth:	Signature of Parent/Guardian with parental responsibility:
School:	Relationship to Child:
Home Address:	Contact Number:

SCHOOL NURSING TEAM ONLY	
Date of Measurement:	Height:
Gender:	Weight:
Signature:	BMI: