



Mana Kidz Consent Form

This consent form tells us whether you want or do not want your child to have health checks at school.

Important information:

- **Section A (Blue):** Parents/Guardians, please fill out all child details
- **Section B (Green):** Parents/Guardians, please fill out if you **AGREE** for your child to have health checks
- **Section C (Red):** Parents/Guardians, please fill out if you **DO NOT AGREE** for you child to have health checks

[A] Section A: CHILD'S DETAILS – All parents/guardians <u>must</u> fill out this section				
SCHOOL NAME		ROOM NAME OR NUMBER		
SURNAME				
FIRST NAME		MIDDLE NAME(S)		
<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER	DATE OF BIRTH		CHILDS NHI NUMBER* (if known)	
Which ethnic group does your child most closely identify with? (You may tick more than one)		HOME ADDRESS		
<input type="checkbox"/> NZ European	PHONE (Day)		PHONE (Evening)	MOBILE
<input type="checkbox"/> Māori	EMAIL (provide only if you are happy for us to contact you via email)			
<input type="checkbox"/> Samoan				
<input type="checkbox"/> Cook Island Maori	FAMILY DOCTORS NAME			
<input type="checkbox"/> Tongan	MEDICAL CENTRE NAME			
<input type="checkbox"/> Niuean	MEDICAL CENTRE ADDRESS/PHONE			
<input type="checkbox"/> Chinese				
<input type="checkbox"/> Indian	<small>*An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand</small>			
<input type="checkbox"/> OTHER (Such as Dutch, Japanese, Tokelauan). Please state below				
[B] Section B: YES (agree) – I <u>DO</u> want my child to have the checks at school				
<input type="checkbox"/> Yes, I agree to my child having health checks at school				
I am (please tick one)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	
Your full name	Your signature		Date	
[C] Section C: NO (do not agree) – I <u>DO NOT</u> want my child to have the checks at school				
<input type="checkbox"/> No, I do not want my child having health checks at school				
I am (please tick one)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	
Your full name	Your signature		Date	