

Dear Parent/Carer,

Re: Health screening Reception Year

The school health service offers a routine health screening programme for your child. This is carried out in your child's school by the Bexley 0-19 children's public health team. The screening includes a Height & Weight screening and also a vision and hearing test. Following the screening, if your child's results are outside of the normal range you will be contacted by a member of the Bexley 0-19 children's public health team by a letter sent home with your child. A letter with your child's height and weight results will be sent at a later date.

Please look at the link below for more information about the importance of vision screening:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/653434/vision_screening_parent_leaflet.pdf

In response to COVID-19, the way in which Screening is completed has been adjusted to comply with government guidance and infection control. During Screening the nursery nurse will be wearing PPE (apron and mask). The team will also be required to clean equipment in between each child and also between bubble groups.

If you are happy for your child to have their height, weight vision or hearing measured, **PLEASE DO NOT RETURN THIS SLIP TO SCHOOL**, you do not need to do anything.

OPTING YOUR CHILD OUT

If you **DO NOT** wish your child to take part, please let us know by completing the opt-out slip below and returning it to your school office within 7 days. Children will not be made to participate if they do not want to. You can opt out of any of the screenings by ticking the appropriate boxes on the opt out slip.

If we do not hear from you, we will assume that you consent to your child having the Health Screening.

Thank you.

Yours sincerely

Bexley 0-19 Children's Public Health Service

- ☐ I **DO NOT** wish for my child to be weighed and measured for the National Child Measurement Programme
- ☐ I **DO NOT** wish for my child to have their vision screened
- ☐ I **DO NOT** wish for my child to have hearing screened
- ☐ My child wears glasses/ is currently seeing orthoptist
- ☐ My child is currently under Audiology/ENT

CHILD'S SCHOOL & CLASS.....

CHILD'S NAME.....Child's Date Of Birth.....

Parent's/Carer's name (Block Capital).....

Parent's/Carer's signature.....Date.....

ONLY COMPLETE THIS SLIP AND RETURN TO THE SCHOOL OFFICE IF YOU

DO NOT WANT YOUR CHILD SCREENED