



Child's name and grade		
	Date	Child's CPR /CDR
	Consent for the School Health Nurse to carry out a general health screening examination offered by the Municipality.	

The School Health Nurse hereby requests your consent to carry out a general health screening examination offered by Gentofte Municipality.

The Health Service in Gentofte Municipality offers all school age children a screening examination (sight, hearing, height and weight) and a talk about health matters at various age levels.

As the Municipality Health Service is a complementary offer, parents must give their written consent that their child may take part in the general health screening examination. This health screening is offered for the entire time the child is of school age. For further information please refer to Gentofte Municipality's homepage.

When your child is given an appointment to see the School Health Nurse, you will always be informed via e-mail / ParentIntra. This means that you have the opportunity to contact the School Health Nurse, should you need to speak with her before she talks to your child.

If the School Health Nurse feels a follow-up examination is required, you will be asked to give your consent to this separately. If your child changes school, you will always be asked to sign a new form. You can withdraw your consent at any time.

Sundhedsplejen
Telefon: 3998 4500
sundhedspleje@gentofte.dk
Faxnr.: 3998 4545

Consent and Signature

<input type="checkbox"/> I hereby give consent that my child may take part in the general health screening examination offered by the School Health Nurse, for my child's entire schooling.
<input type="checkbox"/> I do not wish my child to take part in the general health screening examination offered by the School Health Nurse.

Kind regards

Gentofte Kommune Bernstorffsvej 161 2920 Charlottenlund	Signature:
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You are hereby requested to sign the form and return it to the Class Teacher or the School Health Nurse.