



Mana Kidz

Family/Whānau Information Consent Form



What health services does Mana Kidz provide?

Your child can be seen for a range of child health conditions such as:

- Sore throat checks
- Skins checks
- Head lice
- Dental health
- Eye health and vision
- Ear health and hearing
- Emotional well-being
- Healthy weight management
- Breathing health (respiratory) e.g. asthma
- Immunisations
- Allergies
- Day/Night time wetting
- Health information

Who provides this service to my child?

The Mana Kidz health team is made up of a registered nurse and whānau support worker. Mana Kidz services are at your child's school Monday to Friday.

How can my child be seen by the Mana Kidz team?

- Your child can go to the school health clinic
- Parents/guardians can ask for the nurse to see their child or visit the nurse directly
- The Mana Kidz health team do regular classroom visits
- School staff can ask the nurse to see your child

Contacting whānau

The Mana Kidz health team will always contact you if your child requires any medicine or treatment. All medicine and treatment provided through Mana Kidz is **FREE**.

What do I need to do?

Please **fill in, sign and return the attached consent form to your child's school**. The form tells us whether you do or do not want your child to be enrolled in the Mana Kidz health service.

Please read the information carefully. Feel free to talk with your child and whānau about the Mana Kidz services.

Your child can only be seen if **you** have agreed, and you have **signed** and **returned** the consent form



Where can I get more information?

If you would like more information about the health services we provide, please contact the Mana Kidz health team through the school office. If you would like this information in another language, please contact the Mana Kidz team:

Email: manakidz@nhc.maori.nz OR

Phone/text the Mana Kidz number [027 567 5241](tel:0275675241) or visit the school health clinic.

Privacy

Your child's privacy will always be protected. Information about any health checks and/or treatment your child receives will be recorded on a health database. Your family doctor will be advised of all health checks requiring treatment.

Data collected from the service will be used for evaluation/research, service management quality improvement, and development purposes. All names and details will be removed when your child's information is being used for this reason.

Your rights

The Health and Disability Commissioner's Code of Rights applies to the Mana Kidz health service. For more information about your rights visit www.hdc.org.nz or call 0800 555 050.

If you decide you no longer want your child to receive this service, please contact the Mana Kidz health team at any time.

School nurse contact details



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	DD/MM/YYYY 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)
<input type="checkbox"/>	Māori		
<input type="checkbox"/>	Samoan	EMAIL (provide only if you are happy for us to contact you via email)	
<input type="checkbox"/>	Cook Island Maori		
<input type="checkbox"/>	Tongan	FAMILY DOCTORS NAME	
<input type="checkbox"/>	Niuean		
<input type="checkbox"/>	Chinese	MEDICAL CENTRE NAME	
<input type="checkbox"/>	Indian		
<input type="checkbox"/>	OTHER (Such as Dutch, Japanese, Tokelauan). Please state below	MEDICAL CENTRE ADDRESS/PHONE	
<input type="checkbox"/>			
*An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand			
[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	DD/MM/YYYY 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	DD/MM/YYYY Date	