Queensland Government

# Child health check Consent 5 to 15 years

Medicare 715.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Used for consent to perform a health check in the community e.g. school health screening. If a health check concern is identified, the child's parent will be contacted by the health facility and a treatment plan provided.

This form will be held in the medical record belonging to the child. The parent of the child having the health check can withdraw consent at any time, including after signing this form.

**The health checks planned comply with Medicare requirement for a 5 to 15 year old child.**

**Parent or Guardian** to complete where the child being screened is < 15 years of age.

I _____, am the parent or guardian of _____

(Child's full name)

**Tick box if true**

I understand the child health check involves questions and examinations to identify health problems.

☐ Yes ☐ No

I understand that if a health issue is identified during the health check, I will be informed as soon as possible.

☐ Yes ☐ No

I give permission for my child's health information to be referred to other health service providers to ensure any health problems are actioned .

☐ Yes ☐ No

I give permission for my child's health information to be referred to the school to ensure any health problems e.g. a hearing or vision problem, are supported so my child receives the best possible education.

☐ Yes ☐ No

I understand that all my child's health information is confidential and will not be provided to anyone else unless I give permission.

☐ Yes ☐ No

**I do not consent for my child to be assessed for the following child health checks item(s).**

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**Unless a child health check item is not consented to above, by signing below I give consent for my child to have all well child health checks undertaken**

**Signature (parent or guardian)** **Date**

DO NOT WRITE IN THIS BINDING MARGIN

HEALTH CHECK CONSENT