

6<sup>th</sup> March 2013

Dear Parents/Caregiver/Guardian,

Phone (06) 356 9169  
Fax (06) 350 8818

Postal Address:  
Private Bag 11036  
Manawatu Mail Centre  
Palmerston North 4442  
New Zealand

Physical Address:  
Ruahine Street  
Palmerston North  
New Zealand

As you may be aware, we are operating a free health service for students at Horowhenua College. The School Based Health Service (SBHS) promotes and supports students physical, mental, social, spiritual and emotional well being in order to improve their learning, school performance and their overall development.

Young people access health services in a range of settings including school based health clinics. Young people usually prefer youth specific health services that provide them with easy access.

The SBHS is available to all students. It is located very close to the school grounds and the nurse who provides the service works closely with the School Guidance Counsellors and the local doctor (with the permission of the student).

A free health check will be offered to all Year 9 students and also to other students as required. The health check includes:

- Hearing and Vision
- Weight and height
- Chronic illness and symptoms of illness
- Blood pressure

Students can also arrange a time to see the nurse about any health problems or concerns that they may have.

It is important to stress that the information gained during these assessments is confidential between the school nurse and the student. No other person inside or outside the school will have access to your young person's information unless they are in danger, then information will be shared with other health professionals.

If you DO NOT want your son or daughter to have this health check please complete the form attached and return to the school office, addressed to the Public Health Nurse.

We look forward to this opportunity to improve the health and wellbeing of students at Horowhenua College. If you would like to speak to us about your son or daughter's health please phone 0800 153 042 and ask to speak with Jan Guppy.

Yours sincerely



**ROBERT HOLDAWAY**  
**MANAGER PUBLIC HEALTH**



**SCHOOL BASED HEALTH SERVICE  
HOROWHENUA COLLEGE**

**OPT OFF FORM**

Name of student:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ NHI Number: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Full Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I/We the undersigned do not give consent:

For \_\_\_\_\_ to receive a health check by the  
Public Health Nurse.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_