



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## CONSENT FORM FOR THE CHILD HEALTH WEEK PROGRAMME

NAME OF ECD SITE \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian/Caregiver

The Kwa-Zulu Natal Department of Health will be conducting a Child Health Week Programme i.e. rendering the package of services for all <5yr children. This is to prevent diseases, promote health and provide treatments for certain childhood illnesses

The package of services to be provided on that day includes

- Promotion of Breast Feeding in the communities
- Growth Monitoring and prevention
- Prevention of malnutrition complication
- Promotion of personal Hygiene to prevent diarrhoeal Infections viz. hand washing with soap and water
- Provision of Nutritional Supplements e.g. Vitamin A
- TB Screening and management thereof
- Immunization of children under 12yrs
- Prompt referral System- to Health Facilities and other Government Departments

Please complete the consent form and send it back to the creche urgently. You are kindly requested to fill in and go school. Kindly ensure that they bring along **their ROAD TO HEALTH BOOKLET**

I \_\_\_\_\_ (name and surname of parent/guardian/care giver) hereby grant/do not grant permission for my child \_\_\_\_\_ (name and surname of child) to participate in the campaign. If I do not grant permission, I undertake to ensure that my child receives the necessary treatment to address the condition.

\_\_\_\_\_

\_\_\_\_\_



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