

PAN-DORSET SCHOOL NURSING SERVICE

NATIONAL CHILD MEASUREMENT PROGRAMME – OPT-OUTS

Name of school

Date of session Year group

Names of relevant children

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Number of opt-outs received

Signed by School staff

Signed by School Nursing staff

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Print Name

Print Name

.....

.....

Date

Date

(Copies to be retained by both parties. School Nursing staff to ensure that this information entered on data collection tool and this sheet scanned onto Forston Drive)