

**LAERSKOOL FLEUR PRIMARY**

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27 January 2022

Dear Parents/Guardians

PARENT'S INDUCTION MEETING:

Thank you to all Parents who attended our Parents meeting on Monday and Tuesday. Please find attached copies of the meeting presentation. Please take note of the different aspects discussed and ensure that your child adheres to all school rules.

HEALTH, DATA VERIFICATION FORMS, CODE OF CONDUCT FORMS

Please ensure that ALL forms issued to your child are signed and returned to school as soon as possible. The Department of Health will visit our school next week, so it is vital that the health questionnaire and consent form is signed and available at school. If lost, please see attached forms.

WORLD READING DAY:

World Reading Day takes place on the 2nd and 3rd of February 2022. Please ensure your child has a book to read.

VALENTINES DAY:

Valentines Day celebrations takes place on and 15 of February 2022. Learners may wear civvies at a cost of R5, to be paid to the register teachers. There will be fun activities at school. Please ensure that your child has R10 to use at school on these days.

ASSESSMENTS:

Please consult your child's assessment plan and ensure your child is preparing for all term assessments.

Yours in Education

MR. L.J. JACOB
ACTING PRINCIPAL



INTEGRATED
SCHOOL HEALTH PROGRAMME
CONSENT FORM
GRADES R TO 7

Dear Parent/Guardian/Caregiver

The Departments of Health, Basic Education and Social Development provide health services to learners in schools through the Integrated School Health Programme.

For your child to receive these services we need you to give permission by completing the form on the other side of this page.

The school health services **MAY** include the following:

1. Checking your child's health (body, eyes, ears, teeth, TB and other conditions)
2. Deworming (Grades R – 7) (one tablet, that is swallowed)
3. Routine immunisation (against measles, polio, tetanus and diphtheria) and may include immunisation during disease outbreaks response.
4. Immunisation against the virus (HPV) which causes cervical cancer (Grade 5 girls, nine years and older).
5. Immunisation campaign for grade 5 learners (**boys and girls**) with Tetanus and reduced amount of diphtheria (Td) (Diftavax®) against Tetanus and Diphtheria.
6. Treatment for common health problems if needed (worms, scabies, lice etc)
7. Health education
8. Mental health and psychosocial support

You can come with your child to school on the day when the school health team visits. You will be informed if your child needs to be referred for any other services.

Please contact the school principal for any enquiries or additional information about these services OR if you have given written permission and you want to change your mind.

Please return the completed form to the school as soon as possible.

Name of school: _____ School Tel: _____
(school stamp)

Consent forms must be kept safely by schools. Consent to be provided yearly by parents.

PERMISSION/CONSENT FORM: SCHOOL HEALTH SERVICES

Parent/guardian/caregiver please **COMPLETE** the information on this form

Name of learner: _____ Grade: _____

Date of birth: _____ Age: _____

A. PLEASE CROSS A BOX NEXT TO THE SERVICES YOU WANT YOUR CHILD TO RECEIVE

I _____ give permission for my child to receive the following:

Name: parent/guardian/caregiver

YES NO Please cross YES or NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Immunisation against the human papillomavirus (HPV) which causes cervical cancer for Grade 5, girls nine years and older |
| <input type="checkbox"/> | <input type="checkbox"/> | Immunisation campaign for grade 5 learners (boys and girls) with Tetanus and reduced amount of diphtheria (Td) (Diftavax®) against Tetanus and Diphtheria. |
| <input type="checkbox"/> | <input type="checkbox"/> | Deworming |
| <input type="checkbox"/> | <input type="checkbox"/> | Health check (body, eyes, ears, teeth, mental health, TB and other conditions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Routine immunisation (against measles, polio, tetanus and diphtheria) including immunisation during disease outbreak response. |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment for common health problems |

Signature Parent/guardian/caregiver

AND/OR Signature: Learner, 12yrs & older

Date: _____

Tel/ Cell number for Parent/guardian/caregiver _____

B. THIS SECTION MUST BE COMPLETED , PLEASE CROSS YES OR NO

Does your child have any health problems?

No ☐ Yes ☐ Do not know ☐

If yes: Is your child receiving treatment for the health problem?

No ☐ Yes ☐ Do not know ☐

Do you have a household member with TB?

No ☐ Yes ☐

Does your child have any allergies?

No ☐ Yes ☐ Do not know ☐

If yes what is your child allergic to?

Has your child received their six-year-old vaccination?

No ☐ Yes ☐ Do not know ☐

Schools to keep all consent forms safe. To be replaced on a yearly basis.