**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

…………………………………… ……………………………………

Print Name Print Name

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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)*