



KINDERGARTEN HEALTH CHECK CONSENT AND QUESTIONNAIRE

YEAR 2026

Office Use Only

MRN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

School: _____

Nurse Use Only: N S

Child's family name: _____

Child's given name/s: _____ Date of Birth: ____ / ____ / ____

Sex: Male Female Other, please specify: _____

Home address: _____

Suburb/town: _____ Postcode: _____

Postal address (if different to home address): _____

Suburb/town: _____ Postcode: _____

Country of birth: _____

Medicare number:

Number beside your child's name on Medicare Card

Is your child of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander Declined to answer

Does your child have a General Practitioner (GP) or Practice? (That your child is registered at, and has attended.)

Yes No

CONSENT FOR HEALTH CHECK

I/we have read and understood the Kindergarten Health Check information and I/we consent to the health check as described on the information sheet. Yes No

I/we consent to the School Health Nurse alerting my child's teacher to concerns relating to hearing and vision only. Yes No

I/we give consent for my/our child's results to be sent to the GP nominated below. Yes No

Name of GP: _____ Practice name: _____

Suburb: _____ Phone: _____

I/we have legal parental responsibility of the child as: Parent/s Legal guardian/s

Parent signature 1/Legal Guardian signature 1 _____ / _____ /2026
 Please print name clearly in BLOCK LETTERS Date

Parent signature 2/Legal Guardian signature 2 _____ / _____ /2026
 Please print name clearly in BLOCK LETTERS Date

Note: Only the person who signs this form is legally able to receive correspondence or discuss results relating to this form or the health check. Both parents need to sign if both wish to receive results or make inquiries.

Parent/Guardian Contact Details

Best contact numbers during business hours: _____



* 3 7 6 2 5 *

DO NOT WRITE IN THIS BINDING MARGIN
DO NOT PHOTOCOPY AS A TEMPLATE

KINDERGARTEN HEALTH CHECK CONSENT AND QUESTIONNAIRE

37625

37625(0226)

These questions ask you about your child's vision and hearing. Please tick ✓ the required boxes.

VISION

1. Do you have any concerns about your child's vision? Yes No
If yes, please describe: _____
2. Has your child been prescribed glasses? Yes No
If yes, when should they be worn? (e.g. when reading): _____
3. Has your child ever received, or are they receiving medical care for their eyes or vision? Yes No
If yes, please describe: _____
4. Is your child currently under the care of an optometrist or eye specialist? Yes No

HEARING

1. Do you have any concerns about your child's hearing or airways? Yes No
If yes, please describe: _____
2. Has your child had any of the following? Tick all that apply.
- | | | | |
|-------------------------|------------------------------|-----------------------------|-----------------------------------------|
| Repeated ear infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Discharging ears | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Hearing Loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Grommets | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when were these inserted? _____ |
| Snoring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
3. Has your child ever received or are they receiving medical care for their ears, hearing or airways? Yes No
If yes, please describe: _____
4. Is your child currently under the care of an audiologist/hearing specialist? Yes No

Would you like information on any of the following? Tick all that apply.

- | | | |
|-----------------|------------------------------|-----------------------------|
| Wetting pants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wetting the bed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Soiling pants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This completes the questions relating to the health check conducted by the School Health Nurses.

Please continue answering the questions about your child's development on following pages.

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