tūhoe hauora
tihei mauri ora!

TŪHOE HAUORA RHEUMATIC FEVER PREVENTION CONSENT FORM

Consent Form for Throat Swabbing and Healthy Skin / Kiri Ora Programme

Please fill out this form using blue or black pen

SCHOOL NAME:		**NHI:**		
NAME(s): *Please use one consent form per family/whānau*		**Room #**	**Date of Birth**	**Gender**
SURNAME **FIRST NAMES**				

Ethnicity: *Please tick the appropriate box*

Mā☐ NZ Europ☐ Pacific☐ As☐ Ot☐

Allergies	**Would you like us to contact you to discuss relevant allergy concerns?** ☐ **yes** ☐ **no**		
Parent/Caregiver Name: **Name:**		**Contact Phone Numbers:**	
Address:			
Emergency Contact Person: Contact Numbers:		**Emergency Contact Numbers**	
Family Doctor:			
Specified Pharmacy:	**ADAMSONS PHARMACY**		

Open Disclosure Policy

Open disclosure is an open and honest discussion between Tūhoe Hauora and the client/whānau concerning an adverse event that results in harm to the client while receiving the services provided by Tūhoe Hauora. Open discussion can occur between Tūhoe Hauora and a client, their whānau and/or carers. An explanation of the steps taken to manage the adverse event and prevent recurrence.

Please tick the appropriate boxes below:

Throat swabbing, ***I c☐sent*** ***I do not co☐nt***

To my child(ren) taking part in the Rheumatic Fever Prevention Programme . I understand that if my child has a positive result from a throat swab for Group A Strep, I will be required to collect a ten day course of antibiotics free of charge from my preferred chemist. Your child's doctor may require their weight to be recorded in order to prescribe the correct dose of antibiotics.

Healthy skin / Kiri Ora ***I c☐sent*** ***I do not co☐nt***

Also with your consent the Rheumatic Fever Prevention Team which includes community health workers and nurses will be able to provide assessment of skin conditions and as needed provide wound care treatment and education (including providing simple wound care resources for home use). For more complex conditions a referral may be required to specialist nurses or your family doctor. Family will be contacted if a referral is necessary. **A wound photo may be required to help with care, this would not identify the student.**

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We may be eligible to lodge a claim with ACC if your child's skin condition is accident related – the Healthy Skin/Kiri Ora Nurse will contact you to discuss further if required. (Note: Tūhoe Hauora works alongside Iwi Provider Alliance for Registered Nurse/Kiri Ora)	
Signature & Date:	
If you require further information, please contact : (07) 312 9874 Rheumatic Fever Prevention	

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