



## basic education

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

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**TO: HEADS OF PROVINCIAL EDUCATION DEPARTMENTS  
OFFICIALS FROM THE INTEGRATED SCHOOL HEALTH PROGRAMME  
OFFICIALS FROM THE NATIONAL SCHOOL NUTRITION PROGRAMME  
PRINCIPALS OF BOTH PUBLIC AND INDEPENDENT PRIMARY SCHOOLS**

### **CIRCULAR S1 OF 2018: DISTRIBUTION OF A CONSENT FORM**

The Integrated School Health Programme (ISHP) is a joint programme of the Departments of Basic Education, Health and Social Development. The aim of the ISHP is to improve children's health, reduce health barriers to learning, and assist learners to stay in school and perform to the best of their abilities. The Health Services Package for the ISHP includes **health education** (such as how to lead a healthy lifestyle and substance abuse awareness), **health screening** (such as screening for vision, hearing, oral health and tuberculosis) and **onsite services** (such as deworming and immunization).

On 15 July 2014, during her Budget Vote Speech, the Minister of Basic Education, Mrs. AM Motshekga, MP, announced the Department's intention to implement a National School Deworming Programme (NSDP) in primary schools, linked to the ISHP and National School Nutrition Programme.

This decision is in line with the World Health Assembly Resolution 54.19 (May 2001), which calls for regular, synchronised treatment of worms in high-risk groups (5 to 14 year old children). In May 2013, South Africa also joined the World Health Assembly and adopted the historic Resolution on NTDs (WHA 66.12), which aimed to achieve the WHO 2020 NTD control and elimination targets.

Deworming learners is a low cost intervention which leads to improved health status, increased productivity, educational performance, life expectancy, savings and investments, and decreased expenditure on health care. Studies in the US have shown that worm infections lower literacy levels by 13% and lower earnings later in life by 43%. Research in Western Kenya showed that school based mass deworming decrease absenteeism by 25%.

The World Health Organisation (WHO) has donated deworming tablets to South Africa. In 2016, 5.1 million children and in 2017, more than 4.4 million children were dewormed. However, the WHO has indicated that to eliminate soil-transmitted helminth (worms), ALL children of the age 5 to 14 years need to be dewormed.

In 2018, the NSDP will therefore be extended beyond quintile 1 to 3 schools, targeting 5 to 14 year old children. Provincial roll-out plans are being developed which will be communicated to schools. For this purpose, a consent form is attached to be signed by the parents or guardians of a child to allow him/her to receive health services. Kindly provide these consent forms to parents/guardians/caregivers in January 2018. Keep the signed consent form safely as it will be valid for the duration of the year.

Your support on this matter is highly appreciated. Should you require additional information, please contact the above-mentioned official.

Yours sincerely

  
**MR HM MWELI**  
**DIRECTOR-GENERAL**

DATE: 11/01/2018



**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. Health education
2. Checking your child's health (body, eyes, ears, teeth, TB and other conditions)
3. Deworming (Grades R – 7) (one tablet, that is swallowed)
4. Routine immunisation (against measles, polio, tetanus and diphtheria) and may include immunisation during disease outbreaks response
5. Immunisation against the Human Papilloma Virus (HPV) which causes cervical cancer later in life for Grade 4 girls, nine years and older and Grade 5 girls who received their 1st HPV dose in Grade 4 during the HPV Vaccination Campaign of the previous year.
6. **The second dose of HPV immunization will be given after an interval of not less than 5 months after the first HPV Vaccine dose**
7. Treatment for common health problems as needed (scabies, lice)
8. Mental health and psychosocial screening and support

You can come with your child to school on the day when the school health team is present. 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 withdraw it.

**Please return the completed form to the school as soon as possible. Thank you for your cooperation to protect the health of our children.**

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 of parent/guardian/caregiver \_\_\_\_\_

**YES** **NO**

☐☐

Please cross YES or NO

Immunisation against the human papillomavirus (HPV) which causes cervical cancer **ONLY** for Grade 4 girls nine years and older or Grade 5 girls who received their 1st HPV dose in Grade 4 during the HPV vaccination Campaign of the previous year).  
The second dose of HPV immunization will be given after an interval of not less than 5 months after the first HPV Vaccine dose

☐☐

Deworming

☐☐

Health check (body, eyes, ears, teeth, mental health, TB and other conditions)

☐☐

Routine immunisation (against measles, polio, tetanus and diphtheria) including immunisation during disease outbreak response.

☐☐

Treatment for common health problems

Signature of parent/guardian/caregiver \_\_\_\_\_

AND/OR Signature of child, 12yrs and older \_\_\_\_\_

Date: \_\_\_\_\_

Tel/ Cell number for parent/guardian/caregiver \_\_\_\_\_

### B. THIS SECTION MUST BE COMPLETED. PLEASE CROSS IN THE CORRECT BOX

Does your child have any health problems?

No ☐ Yes ☐ Do not know ☐

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

No ☐ Yes ☐ Do not know ☐

Do you have a household member on treatment for TB?

No ☐ Yes ☐

Does your child have any allergies?

No ☐ Yes ☐ Do not know ☐

If yes what is your child allergic to? List all the allergies  
\_\_\_\_\_

Has your child received their vaccination for six year olds?

No ☐ Yes ☐ Do not know ☐

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