

National Child Measurement Programme (NCMP)

OPT OUT FORM

Please only complete this form if you **DO NOT** wish your child to be weighed and measured

I DO NOT wish for my child (named below), to be weighed or measured as part of the National Child Measurement Programme.

CHILD'S NAME:	
CHILD'S DATE OF BIRTH:	
SCHOOL:	
YEAR GROUP:	

PARENT/GUARDIANS NAME:	
SIGNATURE:	
DATE:	