**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: |  |