



# WHĀNAU CONSENT FORM

The **iMOKO™ Programme by Dr Lance O’Sullivan** was developed to increase access to health services for children. This form is to obtain your consent for your child to participate in the **iMOKO™ Programme Free Health Checks** at their Kōhanga Reo, daycare or school. Please complete all sections.

## SECTION ONE: CHILD’S DETAILS

**SCHOOL NAME:** \_\_\_\_\_

**SURNAME** \_\_\_\_\_ **MALE/FEMALE (circle)** \_\_\_\_\_

**First Name(s):** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

## SECTION TWO: PARENT/GUARDIAN DETAILS

**SURNAME** \_\_\_\_\_ **Mr/Mrs/Miss/Ms (circle)** \_\_\_\_\_

**First Name(s):** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**(if different from above)** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **Home No:** \_\_\_\_\_

**Work No:** \_\_\_\_\_ **Other No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Child:**

Parent (Mother/Father)       Legal Guardian       Other (please specify)

**Preferred method of contact:**

Mobile No.       Home No.       Work No.

Facebook Messenger       Email       Other (please specify)

## SECTION THREE: DEMOGRAPHICS

**Ethnic Group**       Māori       Pasifika       NZ European       Other (please specify)

**Iwi** \_\_\_\_\_

## SECTION FOUR: HEALTH PROVIDERS & iMOKO™ App

**Medical Centre currently registered with:** \_\_\_\_\_

**Local or Preferred Pharmacy:** \_\_\_\_\_

**Other relevant Health Professional:** \_\_\_\_\_



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## SECTION FIVE: HEALTH INFORMATION ABOUT YOUR CHILD

Does your child have allergies to any medication? If yes, please tick response below:  Yes  No  Don't Know

Rash  Vomitting  Swelling  Breathing Problems  Anaphylactic Shock  Other

Does your child have any significant health issues?

- Rheumatic Fever .....  Yes  No  Don't Know
- Epilepsy .....  Yes  No  Don't Know
- Asthma .....  Yes  No  Don't Know
- Diabetes .....  Yes  No  Don't Know
- Eczema .....  Yes  No  Don't Know
- Impaired Vision .....  Yes  No  Don't Know
- Impaired Hearing .....  Yes  No  Don't Know
- Other (please specify) .....  Yes  No  Don't Know

Has your child been admitted to hospital in the last 12 months?

If yes, please describe reason for admission.

Yes  No  Don't Know

Immunisation Status:

Full  Partial  None  Don't Know

## SECTION SIX: PRIVACY STATEMENT & CONSUMER RIGHTS

Your child's privacy is important to us and will be protected at all times. Information will be collected about your child for the purpose of providing health checks and registering your child in the iMOKO™ programme. Information about the iMOKO™ programme has been provided to you as a separate document entitled "Information for Whānau".

The information collected about your child will include their name, age, medical history and information collected as part of the health checks. This may also include photos of affected areas (except where affected areas are deemed a sensitive part of the body, e.g. genital, buttock areas), swabs, vital signs and lab results.

The information we collect may come from you, your child, their Kōhanga Reo, daycare, or school, or from other healthcare providers (e.g. your family Doctor).

Information is recorded in the iMOKO™ database, which is managed through a third party service provider, and may be stored overseas. The iMOKO™ database is accessible and monitored by our iMOKO™ telehealth team only. Only authorised staff can see your child's information.

In the event your child requires treatment as a result of the iMOKO™ programme health checks, you will be notified immediately. Your family doctor and other health professionals involved in the care of your child will also be notified of any treatment your child receives through the programme.

In order to ensure the best and safest care for your child, there may be times when we require additional information from your GP or other health professionals involved in the care of your child. Additional information may also be obtained from national databases (e.g. NIR).

From time to time, the iMOKO™ team may add information to your child's health record and share such information with other health professionals involved in your child's care, as well as the Independent Practitioner Association (IPA). We may also use, and may allow others to use the information we collect for health planning, statistical and educational purposes.

The Health & Disability Commissioner's Code of Rights applies to the iMOKO™ health checks. For information about your rights visit [www.hdc.org.nz](http://www.hdc.org.nz) or call 0800 555 050.

## SECTION SEVEN: CONSENT

I have been fully informed of the iMOKO™ programme and provided with the Whānau Information sheet. I understand the information provided and agree to my child receiving the iMOKO™ health checks (which may include throat and skin swabs as well as photos). I may withdraw my consent at any time. Otherwise, **my consent is valid for one year**, after which the iMOKO™ team will contact me to obtain my renewed consent and update any health information about my child.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

iMOKO™ | 27 Commerce Street | Kaitia | m. (021) 12 66 11 8 | e. [support@imoko.com](mailto:support@imoko.com)

**Freephone 0508-4iMOKO (44 66 56) to speak with our team**