## Appendix 3: Specimen letter to parents with opt-out and feedback-request forms

*This letter should be sent out to all parents and carers of children eligible for inclusion in the 2007–08 NCMP.*

*Minor changes to the letter to suit local needs are permitted, however,* ***the wording shown in bold in the letter should be followed closely, since this sets out the legal requirements for the programme and the intended use of the data, which we must make due effort to inform parents of****.*

*The letter below has been translated into other languages, which can be found on the Department of Health website at* [*www.dh.gov.uk/healthyliving*](http://www.dh.gov.uk/healthyliving)*. The languages are:*

*Arabic Bengali Cantonese Czech French*

*Farsi Gujerati Mandarin Polish Punjabi*

*Russian Somali Spanish Portuguese Urdu*

*Braille and recorded versions are also available on request from the Department of*

*Health: please email us at* [*ncmp@dh.gsi.gov.uk*](mailto:heightweightguidance@dh.gsi.gov.uk) *if you require one.*

*You might wish to enclose a copy of the parents leaflet “Why you child’s weight matters” when you sent out this letter.*

#### Measuring the height and weight of children in Reception and Year 6

The NHS needs to have a good understanding of how children are growing across the country, so that the best possible health services can be provided for them. As a result, a National Child Measurement Programme has been set up to weigh and measure children in England in Reception and Year 6. This important programme is now in its third year.

Your child’s class will take part in this year’s measurement programme. **The measurement will be supervised by trained healthcare staff from your local NHS Primary Care Trust (PCT). The measurements will be done in a private area away from other pupils. Children who take part will be asked to remove their shoes and any heavy outdoor clothing. They will be weighed in normal, light, indoor clothing.**

**Routine data, such as your child’s sex, postcode, ethnicity, and date of birth will also be collected to help the NHS plan services for families. All data and results will be treated confidentially. No child’s height or weight will be given to school staff or other children. The records of children’s heights and weights will be made anonymous, so that it will not be possible to identify your child’s height or weight. This anonymous information will then be used within the NHS to help us understand and plan interventions for weight-related problems in children across the country.**

You will be able to request your child’s measurements from the PCT up to one month after the date on this letter. If you would like to receive your child’s height and weight, please fill in **form 1** and return the attached form to your PCT.

If you do not want your child to take part fill in **form 2**. If you are happy for your child to be weighed and measured you do not need to return this form. Children will not be made to participate if they don’t want to.

A leaflet called *Why your child’s weight matters* is enclosed to provide more information about the National Child Measurement Programme and advice about healthy lifestyles.

Yours sincerely,

Director of Public Health XXXX PCT Director of Children Services, XXX

**Requesting your child’s height and weight results**

If you would like to receive your child’s height and weight, please fill in and return the attached form to the address below. If you are happy to receive your child's results by telephone, please provide your phone number.

**Please note: the PCT must receive this form within one month of the date on this letter**.

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**FORM 1: Results request form**

I would **like to request** my child’s height and weight measurements.

Child’s name: Child’s date of birth:

Child’s school: Parent / Carers name:

Address:

Postcode: Telephone:

Signature: Date:

Please return to: [XXX to insert contact details here]

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**Opting your child out of being weighed and measured**

Only return this form if you **do not** want you child to participate.

**FORM 2: Opt-out slip**

**I do not wish** my child to be weighed and measured for the

National Child Measurement Programme.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ Class:

Child’s School:

Parent’s / Carer’s name:

Parent’s / Carer’s signature: