



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

H.S.E. South,  
The Avenue Primary Care Centre,  
The Avenue,  
Gorey,  
Co. Wexford.

Phone: 053/9481600

Dear Parent,

In the course of your child's attendance at National School, we propose to examine him/her for: -

VISION  
HEARING

These examinations will take place periodically. If you wish to avail of the service, please sign this form. Please note that parents will only be contacted if further examination is required or a vision/hearing referral is to be made.

NAME OF CHILD: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Tel No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

PREVIOUS SCHOOL (IF ANY): \_\_\_\_\_

This consent may be withdrawn by you at any time by writing to me:

Director of Community Care  
County Clinic  
Grogan's Road  
Wexford

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_