

School Health Service Reception

Childs Name:	Date of Birth	Male: <input type="radio"/> Female: <input type="radio"/>
Address:		
School	Previous School:	
Telephone Number:	Mobile:	
Email:		
GP:	NHS Number:	
Ethnicity:	Religion:	

Your child's personal details will always remain confidential

The Wolverhampton School Nursing Service recognises that your child is unique and we aim to provide a quality service to meet their individual needs throughout their school life.

We monitor children's development and will measure your child's height and weight during Reception as part of the National Child Measurement Programme.

If your child's immunisations are not up to date could you please arrange an appointment with your GP/Practice Nurse.

Name of your child's Dentist.....

If you child does not have a dentist please contact your School Nurse or visit www.nhs.uk to search for a dentist in your area.

PLEASE TURN OVER.....

Chairman: Jeremy Varies
 Chief Executive: David Loughton CBE
 Preventing Infection - Protecting Patients

A Teaching Trust of the University of Birmingham
 Safe & Effective | Kind & Caring | Exceeding Expectation



We would be grateful if you would answer the following questions to help us complete your child's health assessment.

	YES / NO If yes give reason(s)	Comments
Does your child regularly attend hospital?		
Does your child take regular medication?		
Does your child have specific medical conditions?		
Does your child attend an optician?		
Do you have any concerns about your child's hearing, speech, balance/coordination, height, weight, behaviour, other etc.?		
Does your child have any daytime/ or night time wetting problems?		
Please contact your School Nurse if your child has any health concerns that you would like to discuss.		

If you have answered 'yes' to any of these questions, a member of the School Nursing Team may need to contact you to arrange a convenient time to discuss any identified health issues.

Thank you for completing this questionnaire.

Please sign below and return this form to.....school.

The person with parental responsibility must sign this form (please see below)
 The person(s) with parental responsibility will usually but not invariably be the child's birth parents. People with parental responsibility for a child include; the child's mother; the child's father if married to the mother at conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement. After the 30th November 2003, unmarried fathers have automatic parental responsibility for their children if they are named on the birth certificate. For a child born before the 30th November 2003, the child can be re-registered and the father named on the birth certificate after which the father will have automatic parental responsibility. (ref: www.childrenslegalcentre.com)

I give my permission for a member of the School Health Service to see my child whilst in full time education, or until I notify you to the contrary.

Consent may also have previously been gained by the Health Visitor.

Signed.....Date.....

Relationship to child