

**Confidential – please return to your school nurse or save a copy and email to [school.healthadmin@mft.nhs.uk](mailto:school.healthadmin@mft.nhs.uk)**

**Child Details (IN CAPITAL)**

**NAME OF CHILD** \_\_\_\_\_

Gender: Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

NHS Number \_\_\_\_\_

Home Address \_\_\_\_\_

Any Previous Addresses \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Parent's email address \_\_\_\_\_

Name of School \_\_\_\_\_

Any previous school and address \_\_\_\_\_

Name and address of General Practitioner (family doctor) \_\_\_\_\_

1. Are your child's immunisations up to date? (Including 2 doses of MMR) –Yes  No  Unsure   
If you are new to the area - **Please attach a copy of your Child's immunisations**

2. Is your child registered with a dentist? YES  NO

**3. Does your child have any of the following? (Please give details)**

	YES	NO	Please give details
<b>Disability</b>			
<b>Asthma requiring current treatment</b>			
<b>Epilepsy (Fits/ convulsions)</b>			
<b>Diabetes</b>			
<b>Allergies</b>			
<b>Other medical problems (please specify)</b>			

4. Is your child on any medication/ inhalers, which might have to be given in school? Yes  No   
If yes please give details

**SEE OVERLEAF**

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6. Please indicate below if you have any concerns or if your child is receiving any treatment regarding the following.

	YES	NO	Please give details
Hearing			
Vision			
Height/Weight			
Behaviour			

7. How would you describe the ethnicity of your child? (Please circle as appropriate)

**White**

- A. British
- B. Irish
- C. Any other white background

**Asian or Asian British**

- H. Indian
- J. Pakistani
- K. Bangladeshi
- L. Any other Asian background

**Other Ethnic Groups**

- R Chinese
- S Any other Ethnic group

**Mixed**

- D. White and Black Caribbean
- E. White and Black African
- F. White and Asian
- G. Any other mixed background

**Black or Black British**

- M. Caribbean
- N. African
- P. Any other Black background

Language spoken at home \_\_\_\_\_

Please do not hesitate to contact the School Nurse if your child has any health, cultural or religious needs that you wish to discuss.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print name of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Parental responsibility YES/ NO (please circle)

**Thank you for completing this form. Please return to school for the attention of the School Nurse. Please inform the School Nurse if at any time any of the above information changes so that records can be updated.**

<b>FOR OFFICE USE ONLY</b>	
Questionnaire screened Yes / No	Action needed Yes / No
Outcome _____	_____
_____	_____
Name/Designation _____	
Signature _____	Date _____