

Date January 2018

Dear Parent/ Carer

Re School Health Screening

Now that your child has started school their health care needs have transferred from the health visitor to the school nurse. A member of our team will visit school to screen your child's distance vision, hearing, height and weight. You will be notified of the results following screening.

If we do not hear from you within the next 2 weeks your child will be included in the screening programme.

Vision Screening

We offer vision screening to children aged 4 to 5 to identify those with reduced vision. The aim is to detect problems early so your child can get effective treatment. Children identified by screening will be referred to the Alder Hey eye clinic team and an appointment will be sent to you either at Alder Hey hospital or at a local community clinic. The cause of the reduced vision will be identified and treatment recommended which may include the use of glasses.

Hearing Screening

We offer hearing screening to children aged 4 to 5 to identify those with reduced hearing. The aim is to detect problems early so your child can get effective treatment. Children identified by screening will have a further assessment in school by the Alder Hey audiology team who will contact you directly following this.

Height & Weight

We offer a height and weight screening to children aged 4 to 5 for a baseline measurement to identify any discrepancies in your child's growth.

NB If your child is included in the National Child Measurement Programme (NCMP) you may receive a letter regarding your child's Body Mass Index (BMI). The NCMP is a national programme offered to every child in the UK in Reception Year and Year 6.

We would like to provide support for any other health concerns that you may have about your child. Enclosed is a health questionnaire for you to complete and return to school marked for the attention of the school nurse (in an envelope if desired). The information you provide will be treated confidentially and the school nurse will review the questionnaire. Following this a member of the school nurse team may contact you or invite you into school to support you with any concerns you may have highlighted.

Please read the enclosed leaflet which informs you of our service and do not hesitate to contact me at the number above if you have any additional questions or would like to discuss this further.

Yours faithfully

School Nurse

SCHOOL ENTRY QUESTIONNAIRE

Confidential health questionnaire and consent form.

Details relating to child and other family members		
Child's first name:	Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Surname:	NHS number:	Child's ethnicity:
Language:		Religion/faith:
Name and address of school:		
Parent/Carer First name: Last name:		Relationship to child (e.g. person with parental responsibility):
Address:		Postcode:
Telephone number:	Mobile number:	
Please write down the names and dates of birth of other members of the household:		
Full name	Date of birth	Relationship to child/school
1.		
2.		
3.		
4.		
5.		
6.		
Health details		
GP Name:		
Address:		Postcode:
Dentist Name:	Date of last attendance:	
Does your child have a registered disability? If yes please give details:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require support for their learning? If yes please give details:		Yes <input type="checkbox"/> No <input type="checkbox"/>
How often does your child have fizzy drinks? Please circle one of the options	With Meals	Always
	Never	Sometimes

Do you have any concerns about your child with any of the following? :					
Height and or weight: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Attention or concentration: Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech and language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Emotional Health: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bedwetting / soiling: Yes <input type="checkbox"/> No <input type="checkbox"/>	Eating habits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sleeping: Yes <input type="checkbox"/> No <input type="checkbox"/>	Behaviour: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anxiety: Yes <input type="checkbox"/> No <input type="checkbox"/>	Anything else: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details:					
Would you like to see the school nurse to discuss any health related issue about your child? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you think your child's weight is: please circle one answer Underweight Just Right Overweight					
Does your child attend any clinics? If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child have any allergies or health problems? If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child receive any on-going medication or treatment at hospital/doctors? If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is your child up to date with their immunisations? (See your child's red book). Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are there any concerns within the family home that may affect your child's health or education? If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child help to look after anyone in your home or family? If yes, please give details. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you raised any concerns about your child at school? If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you give consent for your child's screening results to be shared with the class teacher? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Parental consent I confirm I have parental responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Signature(s) of Parent(s)/Carer(s): Print name: _____ Date: _____					
FOR OFFICE USE ONLY PLAN: Child and parent/ carer to be seen by school nurse? Yes <input type="checkbox"/> No <input type="checkbox"/> No action required. Name, Designation, Signature, Date:					

The law states that the NHS has to try to collect information about the ethnicity of all our patients. The information is always kept confidential; we only use it to make sure that our services meet the needs of all parts of the community. Please tick a box below to indicate your ethnicity.

White	White British	A	
	White Irish	B	
	Any other white background	C	
Mixed	White and Black Caribbean	D	
	White and Black African	E	
	White and Asian	F	
	Any other mixed background	G	
Asian or Asian British	Asian - Indian	H	
	Asian - Pakistani	J	
	Asian - Bangladeshi	K	
	Any other Asian background	L	
Black or Black British	Caribbean	M	
	African	N	
	Any other black background	P	
Chinese or other ethnic group	Chinese	R	
	Any other ethnic group	S	
Not Stated	Not stated	Z	