



SCHOOL ENTRY HEALTH REVIEW

Please complete the consent section and questionnaire and return it to the School Nursing Team via your child's school.

The School Nursing Team works in partnership with children, young people and families to ensure that children are supported within their school and their community to remain healthy. The team offers confidential advice and support in all areas of health, which may affect your child during their school years. At school entry [age 4-5 years] your child will be offered a health review in school. Parents/Carers are not routinely invited to attend, however if either you or the school identify a concern or request to consult with the School Nurse, a member of the School Nursing Team will contact you. All results from the health review will be forwarded to parent/carers and can be added to your child's parent held record.

The health review will consist of;

• **A vision screening test**

This vision test is to find out how much your child can see when naming or matching letters using separate eyes. The test is designed for children and whilst it will detect the majority of eye problems it is not a full examination. If your child has difficulty seeing the letters, their eyes will need to be checked by an optician or orthoptist [eye specialist] for a further assessment. You will be contacted by the School Nursing Team should a possible concern be identified.

• **A hearing screening test**

This test provides an indication of the level at which your child can hear. If a possible hearing problem is identified, you will be contacted as your child may need a referral to a hearing specialist. Please note that colds can have an effect on a child's hearing.

• **Height and weight measurement**

Children are weighed and measured to check that they are following their expected growth pattern. You will be contacted by the School Nursing Team should a possible concern be identified.

As the parent/carer with parental responsibility, I give consent for vision, hearing, height & weight checks as detailed above

Child's name

Parent/Carer's Name.....
 Mother/ Father/ Carer with parental responsibility [Please delete as appropriate]

Signature.....Date:.....

We take the security of confidential information very seriously. There are leaflets and information available to you on the Southern Health NHS Foundation Trust website www.southernhealth.nhs.uk to explain this.

Name of childSchool.....

Previous School attended [if relevant].....

Male / Female NHS No Date of Birth

Home Address.....

.....

Postcode.....Tel. No.....

Childs first language..... Ethnicity.....

GP Name, address and phone number.....

.....

Mother's heightFather's height.....

Has your child received the following routine Immunisations in the table below?

YES NO

If you are unsure that your child has had all recommended immunisations please discuss this further with your GP/Practice Nurse. For more information visit www.immunisation.nhs.uk. Please note there will be changes to the childhood immunisation schedule during 2013.

2 months old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Pneumococcal infection
3 months old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Men C
4 months old	Diphtheria, Tetanus, Pertussis, Polio, Hib, Pneumococcal and Men C
Around 1 year	Hib and Men C
Around 13 months	MMR and Pneumococcal
3 – 5 years old	Diphtheria, Tetanus, Pertussis, Polio and MMR

Does your child currently see a dentist?

YES NO

It is recommended that all pre-school and school-age children should see a dentist at least annually. For help with finding an NHS dentist please phone the Hampshire Dental Helpline on 0845 050 8345 or visit www.hampshiredentalhelpline.nhs.uk

Does your child have any health problems? [Please tick all those that are relevant to your child]

Asthma Daytime wetting Epilepsy Diabetes

Bedwetting Soiling Eczema Constipation

Physical disability Learning disability Severe allergies Other Health concern [e.g. sleep, eating]

Please supply details;

For more information visit www.southernhealth.nhs.uk/schoolnursing

Does your child take any medication/ use an inhaler/ Epipen? If yes please give details:

YES NO

Has your child been assessed by any other health professional in the last year e.g. Paediatrician, optician, orthoptist [eye specialist], audiologist [hearing specialist]? If yes please give details:

YES NO

Does your child live in a smoking household? [i.e. Does anyone smoke in the house or garden]

YES NO

Please send me information about quitting smoking

Free friendly support to quit smoking is available from Quit4Life on 0845 602 4663 or visit <http://www.quit4life.nhs.uk/>

If you have any other concerns about your child's health that you wish to discuss with a health professional, please contact your GP or the School Nurse team whose details can be found on the front of this questionnaire.