

## Important

### Child Health Questionnaire to be completed by parents of all children joining the school

As your child is new to this school we would be grateful if you would complete this questionnaire. The aim of the questionnaire is to identify any possible health needs that may affect your child's ability to achieve in school.

Once completed, please return the questionnaire, in the envelope provided, to the school office. It will be collected and assessed by a member of the School Health Advisory Service. If required, you or your child will be offered a health appointment with a school nurse.

All information recorded on the questionnaire will remain confidential.

<b>Child's name:</b>	<b>Child's date of birth:</b>	<b>School:</b>
<b>Language spoken:</b>		<b>Ethnicity:</b>
<b>Parent/Carer's signature:</b>	<b>Parent/Carer's telephone number:</b>	<b>Date completed:</b>

**Are you concerned about any of the following health issues?**

Health issue	Any concerns?		Details of health concerns
	Yes	No	
Any medical conditions which may affect child / young person in school such as allergies or asthma.			

**Please turn over**

Health issue	Any concerns?		Details of health concerns
	Yes	No	
Child / young person's emotional health issues such as anxiety, self-harm, behaviour.			
Child / young person's weight or diet.			
Young person's sexual health or relationships.			
Young person is using drugs or alcohol or smokes.			
Child / young person is <b>NOT</b> up to date with vaccinations. <a href="#">UK vaccination schedule</a>  Please check with your family doctor.			
Problems with enuresis (bed wetting).			