



CNWL School Nursing Service
Goodall Division
Beaufort House
Cricket Field Road
Uxbridge
UB8 1QD

Dear Parent / Carer,

Re: Your child's health - a brief screening questionnaire

The **School Nursing Teams in Hillingdon** work in partnership with children, young people and families as well as schools and the local authority to ensure that pupils are supported within their school community to **remain healthy and receive the right support where it is needed**.

As your son/daughter has transferred in to this school, it is a **good time to review their health** through this brief questionnaire as recommended in the 'Healthy Child Programme' (Department of Health, 2009).

Each school in Hillingdon has a named School Nurse. The School Nurse runs a confidential service in schools. We can help where young people want advice or need to talk to someone about any worries relating to their health and well-being, as well as provide support and advice to parents/carers.

The questionnaire provides an **opportunity to identify any new or on-going health needs** your son/daughter may have and require additional support with, and enable individual follow-up actions which may be required to support you in ensuring your **child remains healthy as possible**.

This information will be kept safely in your child's School Health Record, and will not be shared with any third party.

The questionnaire will take **less than five minutes to complete**, and one questionnaire should be completed per child. *Please complete the questionnaire even if you believe your child to have no health needs.

Please could you return the completed questionnaire sealed in the envelope provided, and return to the school welfare assistant.

We **thank you** for taking the time to work with us in supporting our young people's health in Hilllingdon.

Yours Faithfully,

The Hillingdon School Nursing Team



HILLINGDON CHILD HEALTH SCREEN QUESTIONNAIRE

Dear Parent/Carer,

Thank you for completing this brief health questionnaire.

The questionnaire is for children who have just transferred in to this school.

One questionnaire should be completed per child.

Completing this will help us to update your child's school health record, as well as enable us to take any follow-up actions which may be required to ensure your **child remains healthy as possible** throughout his/her school career.

This information will be kept safely in your child's School Health Record, and will not be shared.

1. Your and your child's details

our Name:	
Relationship with your child: Parent / Carer / Other	(please circle as appropriate)
Name of your Child:	
Gender:	
Child's Date of Birth (dd/mm/yy)://	
Child's NHS Number (if known):	
Child's Ethnicity:	
Religion or 'prefer not to state':	
Home Address:	
Post Code:	
Contact Number:	
Email Address:	
2. Your Child's school details:	
School:	



3. Your Child's Health

Does your child have any of the f	following me	edica	ll conditions?
Allergies	Yes	/	No
Asthma	Yes	/	No
Epilepsy	Yes	/	No
Diabetes	Yes	/	No
Bed wetting	Yes	/	No
3a If you have any other concer Please feel free to contact the sc		•	r child's health (e.g. anxiety, weight management) 895 891302.
The school nurse can be contacted	ed on 01895	8913	302 for any health advice.
Has your child visited the dentist	t in the last 6	5 mo	nths? YES / NO
If no: It is important that your o	hild has reg	ular	dental check-ups Every 6 months is recommended

If no: It is important that your child has regular dental check-ups. Every 6 months is recommended and every child is entitled to **free dental care**. Please see the following website on how to find a dentist. https://www.nhs.uk/Service-Search/Dentists/LocationSearch/3

Returning the questionnaire

Please could you return the completed questionnaire sealed in the envelope provided, **and return to the Welfare Assistant via your child** for the attention of the School Nursing Service.

Thank you for completing this questionnaire. The School Nurse may be in touch with you to provide any support which may be indicated.