

Primary School Health Questionnaire Form
Confidential

1. Child Details

Name of Child _____ Sex: Male/ Female

Date of Birth _____ Place of Birth _____ NHS Number _____

Home address _____

Telephone: Home _____ Mobile _____ Work _____

Any previous Addresses _____

Name of Current School _____

Previous School and Address _____

Name and address of General Practitioner (Family Doctor) _____

Is your child registered with a dentist? YES/NO
 If your child is not currently registered with a dentist please refer to website www.nhs.uk
 select dentist for further information

2. Immunisations up to date YES/NO

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

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

3. Is your child on any medication/ inhalers, which might have to be given in school? Yes/No

If yes please give details _____

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

	YES	NO	Please give details
Speech			
Hearing			
Vision			
Height/ Weight			
Behaviour			

Ethnicity: (Please circle as appropriate)

White

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

Mixed

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

Asian or Asian British

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

Black or Black British

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

Other Ethnic Groups

- R Chinese
- S Any other Ethnic group

Language spoken at home _____

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

Name of Parent/Guardian: _____

Signed (Parent/Guardian) _____ Date _____

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 school nursing records can be updated accordingly.