

North Lincolnshire School Nursing Service

0-19 (25 SEND) Health and Wellbeing Service

Meridian House

Normanby Road

Scunthorpe

DN15 8QZ

08000199951

Dear Parent/Guardian

As a service the School Nursing Team aims to support your child's health and development when they make the transition from Primary school to Secondary School. To do this we use a questionnaire that is usually brought home by your child and returned back to school, however due to the current COVID19 situation we have worked with your child's school to request that you complete the questionnaire and return it to the email address below.

Please could you complete it with as much information as possible and you may receive a follow up phone call from the school nurses to discuss any issues highlighted.

Your support is very much appreciated. If you have any queries or concerns please contact us on the number above or email us at rdash.northlincschildrenscaregroup@nhs.net

Yours Sincerely

School Nursing Team

Transition to Secondary School Questionnaire (Parents/Carers)

If you have any concerns about your child’s health and would like to speak to a School nurse please contact the School Nursing Service on 0800 0199 951 email Rdash.northlincschildrenscaregroup@nhs.net

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To ease the transition to Secondary School the School Nursing Team aims to support your child’s health and development needs.

To assist us in this support please complete this health questionnaire and return to The School Nursing Team via email to rdash.northlincschildrenscaregroup@nhs.net

If necessary, the School Health Team may contact you to discuss the information recorded on the form.

Name of Child..... DOB.....

Address (please include postcode)

Telephone Number (please include mobile)		Email address	
Is your child:	Male/Female (please circle)	Ethnicity	
Religion		Language Spoken	
GP (name & address)			
Dentist (name & address) <small>If your child is not registered at a dentist please visit the NHS Choices website for support with accessing dentistry services in your area</small>			
Name of Secondary school applied for			

As part of our service we offer a confidential Drop In at your child’s secondary school where young people can call in to talk to us about any problems they are experiencing.

About your family: parents and siblings Names	Relationship to the child (e.g. Mother, Brother etc)	Date of Birth	Living at same address (Yes or No)

About your Child's health	Yes	No
Do you or your child have any concerns about their health?		
Please specify:		
Does your child have any medical conditions?		
Diabetes		
Epilepsy		
Asthma		
Other-please specify:		
Does your child require regular medication at school?		
Please specify:		
Does your child wet or soil during the day or at night?		
Does your child eat a varied diet and have a good appetite?		
Are you concerned about your child's weight?		
Does your child suffer with undue anxiety?		
Does your child suffer from any allergies?		
Please specify:		
Is your child up to date with their vaccinations?		
If no please contact your Doctor's surgery for support in accessing any outstanding vaccinations		
Information regarding TB injections:		
In which country was your child born?		
In which country (ies) was the child's parents born?		
In which country (ies) were the child's grandparents born?		
	Yes	No
Do you spend more than 1 month at a time in any other country?		
If 'Yes' name the country		
<i>If you would like to talk to a member of the school nursing team about any of the above and about any aspect of your child's health and well-being please contact us on the number at the top of this form</i>		

Date completed..... Your Name.....

Relationship to child.....

Please return this questionnaire when completed to your child's current primary school in the envelope provided.

Thank you. North Lincolnshire School Nursing Service: putting health at the heart of education.