

Thank you for completing this form.

The information will be kept confidentially, however if there is a concern with your child's hearing or vision this will be shared with your child's teacher to enable support to be put in place as soon as possible, please contact us if you would prefer for this not to happen. For any other queries about what happens to your child's information please visit:

www.virginicare.co.uk/legalinformation/privacy-policy/

or contact us.

Your child's height and weight will not be shared with school.

A member of the school nursing team may contact you regarding information contained on this form OR you can call the School Nursing Service on:

0300 247 0090

Please return this form to the school as soon as possible, for the attention of the School Nursing Service.

We hope your child enjoys their new school. Please do not hesitate to contact us at any time now or in the future.

Thank you,
The School Nursing Team

www.virginicare.co.uk/services/wiltshire-childrens-community-services/

Could your child receive free school meals?

To find out if your child is eligible, or to apply please visit:
www.wiltshire.gov.uk/schools-learning-free-school-meals

Service provided by Virgin Care

www.virginicare.co.uk
Registered office: Virgin Care Services Ltd, Lynton House, 7-12 Tavistock Square, London WC1H 9LT. Registered in England and Wales. Number 07557877



School Nurses
Wiltshire Children's Community Services
Virgin Care Services Ltd
1st Floor Technology House, Unit 10 Highpost
Business Park, Salisbury, SP4 6AT.
Tel: 0300 247 0090
E: vc1.wiltshirespa@nhs.net

Dear Parent/Carer

As you have a child who is starting school we would like to introduce you to the School Nursing Service. During their reception year your child has the opportunity for a New Entry Health Review.

Unless we hear from you otherwise your child will be weighed, measured, and receive a vision and hearing screening test. This is separate to the NCMIP screening programme, and will enable us to offer any appropriate interventions or services. Whilst we may not inform you of the date these checks will be carried out we will inform you of the outcome.

If you do not wish your child to take part in these health checks please inform us WITHIN TWO WEEKS OF RECEIPT OF THIS LETTER by WRITING to or E MAILING the screening co-ordinator using the details provided above. Please include your child's name, date of birth and school.

About your child:

First Name(s): Legal Surname:

Any other given names:

Date of Birth: Gender:

Name of Parents/Carers:

Current Address: Postcode:

School to be attended from September:

Telephone number (daytime):

NHS number:

Languages spoken at home:

Ethnicity:

(please tick and state detail if required)

- White British
- White Irish
- Other White background:

.....

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed Background:

.....

- Indian
- Bangladeshi
- Other Asian Background:

.....

Your child's health:

Is your child registered with a GP? Yes / No

Please tell us which GP Practice:

Is your child registered with a dentist? Yes / No

Please tell us name of Dentist:

Date of last dental appointment:

If not registered please visit:

www.nhs.uk/Service-Search/Dentists/LocationSearch/3

Has your child had the following:

MMR immunisation? Yes / No

Preschool booster immunisations Yes / No

Do you think your child has any problem with the following?

(If 'Yes' please give details)

Allergies Yes / No

If 'yes' do they have an adrenaline autoinjector?

Eyesight Yes / No

If 'yes' are they under an orthoptist? Last Seen:

Hearing Yes / No

Speech Yes / No

Asthma or Cough Yes / No

Eczema Yes / No

Balance & Co-ordination Yes / No

Wetting or soiling Yes / No

Regular medication Yes / No

Sees a Specialist Dr Yes / No

These questions are about your child and your family:

Does your child help to look after anyone in your home or family? Yes / No

If 'Yes' please tell us about this:

Are there any other issues that might cause a health problem or other difficulties for your child? Yes / No

If 'Yes' please tell us about this:

Are there any people or services that help or support your family? Yes / No

If 'Yes' please tell us who: