

Special School Nursing Team,
St Marys Hospital, Sudborough House, London Road, Kettering, NN15 7PW
Telephone: 03000 27 38 21 Email: cypn.specialeducationalsettings@nhft.nhs.uk

Dear Parent/Carer

Please complete the following information to help us identify any health needs your child may have.

If you require any further information or wish to discuss with the Special School Nurse, please contact us on the above number.

CHILD'S DETAILS	
TODAY'S DATE	
LEGAL FORNAME	
LEGAL SURNAME	
MIDDLE NAME	
CHOSEN NAME	
DATE OF BIRTH	
GENDER	
HOME ADDRESS	
NHS NUMBER	
CURRENT SCHOOL	
NEW SCHOOL	
(IF ROWAN GATE PLEASE NAME WHICH SITE)	
GP SURGERY ADDRESS	
GP PHONE NUMBER	

PARENT/CARER CONTACT DETAILS – FIRST CONTACT			
FIRST NAME		SURNAME	
RELATIONSHIP TO CHILD		PARENTAL RESPONSABILITY	<div style="display: flex; justify-content: space-between;"> YES NO </div>
OCCUPATION		PLACE OF WORK	
MOBILE NUMBER		HOME NUMBER	
WORK NUMBER		HOME EMAIL	

PARENT/CARER CONTACT DETAILS – ALTERNATIVE CONTACT			
FIRST NAME		SURNAME	
RELATIONSHIP TO CHILD		PARENTAL RESPONSABILITY	<div style="display: flex; justify-content: space-between;"> YES NO </div>
OCCUPATION		PLACE OF WORK	
MOBILE NUMBER		HOME NUMBER	
WORK NUMBER		HOME EMAIL	

DIAGNOSIS		
MEDICATION		
ALLERGIES	YES	NO
IF YES, PLEASE DETAIL		

TELL US ABOUT YOUR CHILD					
TICK		TICK		TICK	
	DIFFICULTIES WITH HEARING		DIFFICULTIES WITH INCONTINENCE		ASD
	ADHD		DIFFICULTIES WITH LEARNING		PALLATIVE CARE
	DIFFICULTIES WITH BEHAVIOUR		DIFFICULTIES WITH VISION		DIFFICULTIES WITH CONSCIOUSNESS
	DIFFICULTIES WITH EATING AND DRINKING		DIFFICULTIES WITH SLEEP		DIFFICULTIES WITH SEIZURES
	DIFFICULTIES WITH BREATHING		DIFICULTIES WITH PAIN		

ADDITIONAL INFORMATION/HEALTH ISSUES

PROFESSIONALS CURRENTLY INVOLVED IN YOUR CHILD'S CARE		
	TICK	DETAILS
PAEDIATRICIAN		
CAMHS		
CTPLD		
OCCUPATIONAL THERAPIST		
COMMUNITY CHILDREN'S NURSE		
CONTINENCE SERVICE		
SPEECH THERAPIST		
DIETICIAN		
PHYSIOTHERAPIST		
SOCIAL WORKER/SOCIAL SUPPORT		
CONSULTANTS		
OTHER		

CONSENT		
DO YOU CONSENT TO SPECIAL SCHOOL NURSES MONITORING YOUR CHILD'S HEIGHT AND WEIGHT IN SCHOOL	YES	NO
DO YOU CONSENT TO SPECIAL SCHOOL NURSES SHARING INFORMATION WITH ALL PROFESSIONALS INVOLVED WITH YOUR CHILDS CARE	YES	NO
DO YOU CONSENT TO SPECIAL SCHOOL NURSES SHARING INFORMATION WITH SCHOOL/EDUCATION	YES	NO
CHILD'S NAME		
CHILD'S DATE OF BIRTH		
SIGNATURE OF PARENT/CARER		
PRINT NAME		
DATE		

SENIOR SPECIAL SCHOOL NURSE CHECK AND SIGN	
DATE	
SIGNATURE	

