

Year 6 School health questionnaire 2021-2022

Child's Name Date of Birth

Previous Surname/Known as Male/Female

NHS Number

Address.....

.....

Postcode

Parents/Guardians' names

Daytime Contact No.

Email

School

GP Surgery

Do you have parental/legal responsibility for this child? Yes ☐ No ☐

Does the local authority have parental/legal responsibility for this child? Yes ☐ No ☐

If yes, please provide the Social Worker's Name

Telephone Number

General information

Does your child suffer from any of the following? Please tick:

Diabetes ☐ Epilepsy ☐ Eczema ☐ Asthma ☐

Night Time Wetting ☐ Day Time Wetting ☐ Constipation ☐ Soiling ☐

Does your child have a severe allergy that requires emergency medication (Epipen/Jext)? Yes ☐ No ☐

Do you have any concerns about your child's:

Weight	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Height	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes please give details

Is your child seeing a hospital doctor? If yes, please give details:

Please provide details of any other health condition, especially those which may affect your child at school, including any medication required:

Have you any concerns about your child's health that you would like to discuss with the School Nurse? (*Please give details*)

National Child Measurement Programme

The National Child Measurement Programme (NCMP) is a public health programme. All information and results are treated confidentially. We will inform you of the results and any concerns. The measurement data, without the child's personal information, is used by the government to plan services and tackle child obesity.

If you do not want your child to take part in a particular activity please inform the school

**Please return this questionnaire to
medch.ncmpquestionnaires@nhs.net**