

## SCHOOL ENTRY QUESTIONNAIRE

Confidential health questionnaire and consent form. To be completed by the person with parental responsibility.

Please help us to help your child by completing this form and giving consent at Part 3. To request this survey in an alternative format or language, contact the Equality and Diversity Team. Tel – 0151 472 4758 or email [Equality2@merseycare.nhs.uk](mailto:Equality2@merseycare.nhs.uk)

<b>Part 1 Details about you, your child and other family members (please write clearly)</b>		
Child's first name:	Date of birth:	
Child's last name:	NHS number:	Child ethnicity: <small>(See attached code)</small>
Address:	Postcode:	
School:	Religion/faith:	
Parent/Carer First name:                      Last name:	Do you have parental responsibility? Yes / No	
Relationship to child :		
Telephone number:		Mobile number:
Please write down the names and dates of birth of other members of the household:		
Full name	Date of birth	Relationship to child/school
1.		
2.		
3.		
4.		
5.		
6.		
<b>Part 2 Health details</b>		
Who is your family doctor (GP)?		
Address:		Postcode:
Who is your family dentist?		Date of last attendance: Or approximate date:
Address:		Postcode:
<b>If your child is not registered with a dentist please contact NHS England on 0300 3112233 and you will be allocated to a local dentist.</b>		

1. Do you have any concerns about your child with any of the following:				
Height Yes <input type="checkbox"/> No <input type="checkbox"/>	Vision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sleeping: Yes <input type="checkbox"/> No <input type="checkbox"/>	Eating habits: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bedwetting/soiling: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weight Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please give details:				
2. Does your child attend any clinics or receive any ongoing medication? If yes please give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your child have any allergies or health problems? If yes please give details:				Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is your child up to date with their immunisations? (See your child's red book). If your child is not up to date with their immunisations please contact your GP.				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Part 3 Consent</b>				
5. Do you give consent for this information to be shared with the class teacher?				Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you give consent for your child's screening results to be shared with the class teacher?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature(s) of parent(s)/carer(s): Relationship to child: Print name:				Date:

NHS organisations collect lots of information for the treatment, management and monitoring of patient care. More information can be found on our website at:

<https://www.merseycare.nhs.uk/about-us/privacy-notice/>

National Code	Description
A	British
B	Irish
C	Any other White background
D	White and Black Caribbean

E	White and Black African
F	White and Asian
G	Any other mixed background
H	Indian
J	Pakistani
K	Bangladeshi
L	Any Other Asian background
M	Caribbean
N	African
P	Any other Black background
R	Chinese
S	Any other ethnic group
Z	Not stated

99 Not known