





Dear Parent / Carer,

You are receiving this letter as your child has started school in the reception year.

The 0-19 Public Health Service, Growing Healthy Darlington, offer health screening to all **school** aged children, which includes the following reception health questionnaire. The questionnaire has been designed to inform us of any concerns you may have regarding your child's health and wellbeing.

The easiest way to complete questionnaire is online by clicking the link or typing the following link into your browser using google chrome, <a href="https://fx.hdft.nhs.uk/ReceptionHealth/Form1">https://fx.hdft.nhs.uk/ReceptionHealth/Form1</a>

You will need to search for your child's school using your school code below.

Alternatively, the information can be completed on this form and returned to school if you do not have access to the internet.

School	Redhall Primary School	School code	114183
First name		Surname	
Date of birth		Gender [male/female]	
Ethnic origin		Religion	
Address		Post code	





	Parent / guardian full name			
	Relationship to child			
	Mobile telephone number			
	Landline telephone number			
	Email address			
	Would you like to receive email or text me information? <b>Yes</b> $\Box$ <b>No</b> $\Box$	essages from HDFT regarding health		
1.	Has your child been seen by a dentist	in the last 12 months?		
		Yes 🗆	No	
2.	Does your child have any fillings/caps	or had any teeth removed?		
		Yes 🗆	No	
3.	In your family does your child help to	look after someone who is ill, frail or disable	ed?	
		Yes 🗆	No	
4. (W	•	oster immunisation? (Diphtheria, Tetanus, F /IP) and Measles, Mumps and Rubella (MMI		is
		<b>Yes</b> □	No	
		ntment with your GP for your child to r	eceive	<b>)</b>
	pre-school booster immunisatio	on? Yes 🗆	No	

Has your child been prescribed with an inhaler for regular use (on a daily basis)?

5.



		Yes		No	
6. Has	s your child been diagnosed with epilepsy?				
		Yes		No	
• If yes,	does your child require emergency medication for epile,	psy?			
		Yes		No	
7. Is y	your child an insulin dependent diabetic?				
		Yes		No	
If yes, do	oes your child require emergency medication for diabetes	s?			
		Yes		No	
8. Is y	your child able to use the toilet independently during the day?				
		Yes		No	
• Would	I you like to receive more information about this?				
		Yes		No	
9. Do	es your child have any allergies that have been confirmed throug	gh for	mal	testin	g?
		Yes		No	
• Does y	your child carry or have access to an Epi-pen / auto injec				
		Yes		No	
LO. Any	y concerns regarding your child's height or weight?				
		Yes		No	



11.	Any concerns regarding your child's sleep pattern?	Yes		No	
12.	Are you worried about your child's speech?	<b>V</b>		<b>51</b> -	
		Yes		No	
13.	Does your child have ear trouble or hearing difficulties for which spreceived?	ecialis	st su	pport	is
		Yes		No	
Having reviewed the page about the services offered by the school nursing team. Does your child have any health or behavioural concerns that you would like to speak to a member of the school nursing team about?					
Thank	you for sharing this information with us.				
Growin	do not wish your child to take part in any aspect of the screening offering Healthy Darlington by email to <a href="mailto:HDFT.0-19darlington@nhs.net">HDFT.0-19darlington@nhs.net</a> 030013.	•			
familie	find more information detailing what other support we offer children, s throughout their school years on the following link.  www.hdft.nhs.uk/services/childrens-services/growing-healthy-Darling		g pe	ople a	and
	in also access information regarding fun ideas to help your children s www.nhs.uk/change4life	stay he	ealth	y at	
You ca	n find out more about the services offered by our school nursing tea	am via	our		
	ook page <a href="https://www.facebook.com/DarlingtonHVs/">https://www.facebook.com/DarlingtonHVs/</a> . You can also come Point of Contact TEL: 03000030013 or via the Growing Head				our