

CONFIDENTIAL

School Nurse Service Referral Form

<p>Referrals are accepted from professionals and parents/carers. Please complete form as fully as possible and ensure referral has been discussed with parent/carer prior to submission.</p>	
<p>The School Nurses' primary aim is to deliver the Healthy Child Programme by promoting the health and well-being of school aged children, supporting specific health needs and enabling children to reach their full potential. Referral criteria:</p> <ul style="list-style-type: none"> • Care planning for Specific health/medical needs • Basic emotional health needs (Tier 1) • Advice and support on sexual health • General health advice and support 	
<p>Childs Name: Date of Birth: Address: Post code: School:</p>	<p>Parent/Carer details Name: Relationship: Telephone number:</p>
<p>Consent gained from parent/carer: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Carer Signature (if appropriate)</p>	
<p>Please consider the following:</p>	
<p>Health/Medical issues</p>	
<p>Any other agencies/services involved and reason</p>	

Any educational needs if relevant	
Any Safeguarding involvement (Child Protection Plan, Child in Need, CAF)	
Reason for Referral:	
Referrer details: Name: Designation: Contact Details: Date of referral:	
SCHOOL HEALTH USE ONLY (comments/action) School Nurse: Signature: Date:	
COPY TO BE KEPT IN SCHOOL HEALTH RECORD PLEASE DO NOT SEND REFERRAL ELECTRONICALLY	