





# Welcome to your Healthy Child Service

### Now your child is at school.

The Reception year is crucial for establishing a good foundation for learning. Many parents report that starting school causes an increase in their child's sleep requirements and for some a regression in behaviour. Good routines, regular bedtime and a healthy diet will all help to keep your child healthy and able to cope with these changes.

# Health Screening at School Entry ;

We offer the below universal screening programme;

**National Child Measurement programme (NCMP)**; In Reception your child will be measured as part of the NCMP. This is carried out the term of their 5<sup>Th</sup> birthday.

Children who take part will be measured fully clothed except for their coats and shoes. The information is recorded on the NCMP database and is anonymous so your child is not identified.

**Hearing Screening**; Minor hearing problems are fairly common in children and are important to detect and treat early as this may affect speech development or progress in school. If any follow up tests are required the Audiology team at York Teaching Hospital will contact you. If you have any concerns about your child's hearing at any time please contact the Healthy Child Team.

**Vision Screening;** Routine screening of vision is carried out, if there are any concerns a referral will be made to the Optometrist at York Teaching Hospital. Eye tests are free on the NHS for children and young people in full time education.

If you do not wish your child to have any of these routine screenings then please contact us within 2 weeks of receipt of this letter.

By email <u>HCS5-19screening@york.gov.uk</u>

By post Healthy Child Service, West Offices, Station Rise, York YO1 6GA





<u>Medication in School</u>; Schools have their own procedures for administering medicines. If your child needs to take medication during the school day, you will need to discuss this with their teacher.

<u>Medical Conditions</u>; It is important that school are aware of any medical conditions, including allergies your child has and that medication is available in school if required, e.g. asthma inhaler, adrenaline auto-injector etc.

#### Referring in to our service;

Please contact us if you would like to discuss any issues about your child's health this can be direct via email or telephone as below or alternatively this can be done through your child's school.

The Healthy Child Service Tel 01904 555475 or email; HCS-Secure@york.gov.uk

#### Useful websites;

Healthy Child Service; Healthy Child Service (yor-ok.org.uk)

Healthy Lifestyles; www.nhs.uk/ncmp2

NCMP;The National Child Measurement Programme - NHS (www.nhs.uk)Dentist;https://www.nhs.uk/Service-Search/Dentists/LocationSearch/

Immunisations; https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-whento-have-them/

### Healthy Child Service: how we use and protect your information.

We only ask you for the information that we need and we store it securely. We will only use it or share it, when we have reason to or with your consent. We explain what we do with your information in full in our privacy notice. For more information please follow the link or ask a Healthy Child Service Practitioner

https://www.york.gov.uk/privacy/HealthyChildService#









# **School Entry Health Questionnaire**

The Healthy Child Service provides public health services to children aged 0-19 years in York. This means we can support or signpost children with issues affecting their health and education.

*Please only return this form if you have any concerns about your child's health* and return by email to <u>HCS5-19Screening@york.gov.uk</u> or by post to: Healthy Child Service West Offices Station Rise York YO1 6GA. Alternatively, you can call us on 01904 555475 and ask for the school nursing team. For details of how we keep your information secure please visit <u>https://www.york.gov.uk/privacy/HealthyChildService</u>

Gender	Boy		Girl		Date of Birth:	
			OIII			
Child's full name	e:					
School attended	I:					
Name of any previous school or nursery:						
Parents/Carer's name:						
Address:					Postcode:	
Telephone Num	bers:					

# Part 1 Details:

### Other family members:

Name	DOB	Relationship





#### Part 2 Health:

GP: Name and Address:

Dentist: Name and Address:

If your child is not registered with a dentist please contact NHS Direct on 0845 46 47 for local information.

Do you have any concerns about your child's health or behaviour?

	Yes	Comments
Eyesight		
Hearing		
Speech		
Behaviour		
Bed-wetting or daytime wetting.		
Healthy weight		
Balance or clumsiness		
Other		

Would you like to be contacted by a health professional about your concerns?

Yes No No

Does your child regularly attend hospital or the GP for any treatment? Yes No If yes please give details;





If yes please give details.	
Is your child up to date with t	heir immunisations including the booster given from 3 years 4 months?
Yes No No	If unsure please check with your GP Practice
If you require this information	n in another format/ language please let us know.
Postal address:	
Healthy Child Service	
West Offices	
Station Rise	
York	

YO1 6GA

Tel: 01904 555475

Email: <u>HCS5-19Screening@york.gov.uk</u>