

## **YOUR SCHOOL NURSE IS VISITING**

**DID YOU KNOW YOUR SCHOOL NURSE PAYS US A VISIT EVERY TERM?**

Your school nurse can help with many concerns and she can also be a great support alongside your usual doctor. The school nurse can guide you to get the right help or support with the following;

**Behaviour**

**Head lice**

**Bed  
Wetting**

**Eating Issues**

**Weight**

**Puberty**

**Feelings**

**Hygiene**

**Relationships**



If you have any concerns about your child, no matter how big or small, that you would like to discuss with the School Nurse please fill out the form overleaf. The school will contact you for more details and let you know when the School Nurse is next visiting

Please fill in your child's details below and return this leaflet to the main school office.

**Childs Name**.....

**Date of Birth**.....

**Class**.....

**Parents Name**.....

**Contact Number**.....

Referral form to be used by the school for all children/young people contacts with the school nursing team e.g. drop in sessions.

Name of Child:	Child's Date of Birth:	Gender: M/F Ethnicity:
Child's Address:	NHS Number:	
Child's School and Address:	Child's GP, Address & Tel No.:	
Parent/Carer's Name:	Day-time contact number:	
Parental Responsibility:	Is the above named child a Looked After Child/Child Protection? Yes / No	

Reason for request (please use additional sheet if necessary)?

Name of professional making this referral (Print Name):

Professional's Signature:	Professional's Title:
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Professional's Signature:	Professional's Title:
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Designation/School:

Professional's Contact No:	Email address:
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Professional's Contact No:	Email address:
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THIS SECTION MUST BE COMPLETED BY PROFESSIONALS

\*Is the Parent/Carer of the above named child aware of this referral?

\*Does the Parent/Carer understand the reason for this referral?

*\*If answered no to either of the above questions please contact the School Nursing Team to discuss.*



THIS SECTION MUST BE COMPLETED BY PARENT/CARER/COMPETENT CHILD	
Yes, I agree to this referral made to Luton School Nursing Service.	
Parent/Carer's Signature:	Date:
Competent Child's Signature:	Date:
<p>Please return completed form to:  Luton School Nursing Service, Futures House, Marsh Farm, Luton, LU3 3QB  Contact No: 0333 405 0088</p>	

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