**Child Health Checklist | Year Six**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  | Date of Birth |  |
| Address |  | Postcode |  |
| Contact Number |  | Name of School |  |
| Please indicate Yes or No to the following prompts.  |
|  | **Yes / No** |
| My child is registered with a Cornwall GP  | Y [ ]  N [ ]  |
| My child is registered with a Cornwall Dentist | Y [ ]  N [ ]  |
| My child has medical/health conditions | Y [ ]  N [ ]  |
| My child is up to date with vaccinations | Y [ ]  N [ ]  |
| **Are you worried about the following?** |
| * Hearing, vision, speech
 | Y [ ]  N [ ]  |
| * Continence difficulties
 |  |
| * Day time wetting
 | Y [ ]  N [ ]  |
| * Night-time wetting
 | Y [ ]  N [ ]  |
| * Soiling (poo problems)
 | Y [ ]  N [ ]  |
| * Behaviour
 | Y [ ]  N [ ]  |
| * Emotional health, wellbeing, development
 | Y [ ]  N [ ]  |
| * Eating healthy diet?
 | Y [ ]  N [ ]  |
| * Maintaining a healthy weight?
 |  |
| * Underweight
 | Y [ ]  N [ ]  |
| * Overweight
 | Y [ ]  N [ ]  |
| * Dental
 | Y [ ]  N [ ]  |
| * Development
 | Y [ ]  N [ ]  |
| * Growing up and puberty
 | Y [ ]  N [ ]  |
| * Personal Hygiene/presentation
 | Y [ ]  N [ ]  |
| * Sleep
 | Y [ ]  N [ ]  |
| Do you have any other concerns related to your child’s health and wellbeing? | Y [ ]  N [ ]  |
| Do you have any parenting concerns you would like some help with? | Y [ ]  N [ ]  |

If you have any questions or concerns about your child’s health:

* To make an appointment to see the School Nursing Team, email your details, your child’s name, date of birth, address and school to coco.childrenscmc@nhs.net.
* Please say why you would like an appointment with the school nursing team
* You do not need to email this questionnaire; however, you may bring it along to the appointment if you wish.
* For general advice please contact the Health Visiting and School Nursing Advice Line on **01872 322779**.

If you would like this letter in a different format (Polski, Română, Lietuvis), please call **01872 322779.**

**Our data protection and confidentiality statement**

**How will you protect my information?**

Your data will be stored securely and will only be accessible by members of Together for Families.

**Who am I giving my information to?**

The information you provide will be collected by the Children’s Community Health Service for the purpose of you requesting an appointment with one of the School Nursing team for advice and/or a health assessment. A copy of our Privacy Notice can be found at [www.cornwall.gov.uk/tffprivacynotice](http://www.cornwall.gov.uk/tffprivacynotice).

**How will you store my personal data?**

This information may also be shared with other relevant professionals in conjunction with the nature of the request or enquiry.  The data held relating to the delivery of support by the Children’s Community Health Service to you will be used both for the provision of services and also for performance and service planning.  This information will be held in a secure environment until the information is transferred to your child’s record in accordance with the Together for Families data retention policy after which time it will be destroyed in a secure manner.