**Please complete this form and return to the Special School Nursing Team at Osborne School. Should any of the answers provided require further discussion or information then the Special School Nursing Team will be in touch with you to complete a more detailed health assessment.**

**1. Child/Young Person’s Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Previous school/nursery** |  |
| **Address** |  |
| **Town** |  |
| **Postcode** |  |
| **Emergency contact name and telephone numbers** |  |
|  |
|  |
| **NHS number** |  |

**2. Medical History**

|  |  |
| --- | --- |
| **Allergies** |  |
| **Advanced care plan**  (if yes include date of last update) | Yes 🞏 No 🞏 |
| **Medical conditions**  (brief description) |  |
| **GP** |  |
| **Other professionals involved**  (e.g. physio, social worker etc.) |  |

**3. Routine Medications**

**If required to be given in school please complete details on Medication Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Time(s) | Side effects experienced | Required at school (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Routine Monitoring**

|  |  |
| --- | --- |
| **Does the child/young person require any routine monitoring?**  If yes, what does this include? | Yes 🞏 No 🞏 |

**5. Emergency Situations**

|  |  |
| --- | --- |
| **Does the child/young person have any emergency care plans in place?**  If yes, what does this include? Please provide a copy of these when returning this form. | Yes 🞏 No 🞏 |

**6. Nutritional Needs**

|  |  |
| --- | --- |
| **Does the child/young person require any enteral feeding?**  If yes, please provide a recent dietician letter with the details. | Yes 🞏 No 🞏 |
| **Requirements for oral feeding/drinking**  Consistency/thickener |  |

**7. Physical Care Needs**

|  |  |
| --- | --- |
| **Does the child/young person require any physical care whilst at school?**  Do they need to happen at specific times? | Yes 🞏 No 🞏 |

**8. Communication**

|  |  |  |
| --- | --- | --- |
| **How does the child/young person mainly communicate?** | |  |
| **How do they express the following:** | | |
| Pain |  | |
| Hunger |  | |
| Nausea |  | |
| Tiredness |  | |
| Sadness |  | |

**9. Additional Information**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
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|  |

|  |  |
| --- | --- |
| **Parent/carer name and signature** |  |
| **Date form completed** |  |

|  |  |
| --- | --- |
| Checked by Special School Nursing Team – Name and Signature | Date |
|  |  |