



Child's name: _____

Date of birth: _____

Please help us learn more about your child and his/her family.

This information about your child will only be shared between the Community Health Nurse and relevant school and health staff where it helps in the management of your child's learning, health or wellbeing.

What is this information used for?

- If you choose to provide this information, it will enable the Community Health Nurse to understand more about the issues that can potentially affect your child's health and wellbeing.

Why should I give this information?

- If you choose to provide this information, it can be important in providing support for your child and will help the nurse to offer advice and information to you and make referral to other services if needed.

You are welcome to contact the School Health Nurse regarding this information at any time later in the school year if you wish.

About your child's family:

Who does your child usually live with?

(e.g. both parents (same house or separate homes), mother only, mother and partner, father only, father and partner, sibling(s) (include brother, sister, step brother, step sister), grandparent(s), other related adult (e.g. Auntie), foster parent, unrelated adult).

Please provide details below:

Family issues:

In the past twelve months, has your child been affected by any of the following events?

(e.g. divorce/separation of parents, death of a relative or friend, remarriage of parent(s), serious illness of parent(s) (including mental illness), serious illness of sibling(s) (including Autism/ADHD), parent's change of job, parent's loss of job/financial pressures, move to a new house, new baby in the house, child witnessing violence).

If yes in respect of any of the above, please describe the impact on your child:
