# **Appendix 4**: **School information Form**

# **Completed by the school and emailed[[1]](#footnote-1) to the health professional, with Appendices 3 and 5, and a copy of the child’s attendance herringbone)**

| Full name of child |  |
| --- | --- |
| DOB |  | NHS number |  |
| School contact making this request | Name/role | Telephone | email |
| Name of school | School address |
| **Information for schools:**1. **Complete this form** following consent from the parent/carer (cells may be expanded)
2. Email the pre-filled form to the child/young person’s healthcare professional, **with a copy of the consent form**
3. The form should be returned to you by email, by the health professional, within 5 working days of receipt
4. **Attach a copy of the child’s attendance herringbone** so that the health professional has as full a picture as possible of the issues around attendance
5. **Attach all fully completed forms to the Medical Needs Service Referral form if required**
 |
| Consent |
| A parental/carer/child (if Gillick competent) consent form has been signed and is attached  | Choose an item. |
| Personal Details of the young person requiring support |
| **Gender** | Choose an item. | **English as an additional language** | Choose an item. | **Free school meals/Pupil Premium** | Choose an item. |
| **EHCP in place** | Choose an item. | **EHCP Coordinator name/email** |  |
| **Date of last EHCP review** |  | **SEN Support** | Choose an item. | **Name of SENCO** |  |
| **Looked After Child** | Choose an item. | **If LAC, date of last PEP** |  | **Child Protection** | Choose an item. |
| **Parent/carer** |  |
| **Telephone** |  | **Email** |  |
| **Address** |  | **Postcode** |  |
| **Date of 1st absence in this current pattern** |  |
| **Number of sessions missed (a session is half a school day)** |  |
| **Current attendance %** |  |
| **5-19 Healthy Child Programme contacted: name of school nurse** |  |
| **School nurse outcome** | Choose an item. |
| **Comment:** |
| **What are the key issues affecting this child’s education?** |
| *E.g., poor attendance due to headaches*  |
| **What agencies are involved with this child? (E.g., FSP, Early Help, Youth Worker, Nelson’s Journey, Matthew Project etc.)** |
|  |

**Children and Young People - Data protection**

* Please see the [Norfolk County Council Privacy Notice](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/open-data-fois-and-data-protection/data-protection/privacy-notices) for further information about how we protect your data and your rights.
* Consent can be withdrawn at any time by contacting the relevant professional in writing.
* The Local Authority and school recognise that young people aged 12 and over (and sometimes younger) have the right to make decisions around how their health information is shared. However, as noted in the DfE guidance[[2]](#footnote-2), parents are responsible for making sure that their children of compulsory school age receive a suitable full-time education. As parents and carers are responsible for ensuring attendance at school, it is the parent/carer who is being asked to provide consent for access to information which justifies absence from school. If the child is ‘Gillick competent’, s/he may also sign the consent form in Appendix 3. If a Medical Needs referral is accepted, the voice of the child will be sought during the initial planning meeting.
1. Emails between norfolk.gov.uk and nhs.net are secure; if other addresses are used, encryption will be required [↑](#footnote-ref-1)
2. [Working together to improve school attendance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073616/Working_together_to_improve_school_attendance.pdf) [↑](#footnote-ref-2)