**Appendix 5** – **Health information Form**

Completed by the healthcare professional and **emailed[[1]](#footnote-1) to the school contact (with Appendix 3 if contact initiated by the health professional)**

| **Full name of child** |  | | |
| --- | --- | --- | --- |
| **DOB** |  | **NHS number** |  |
| **School** |  | **School contact name and email address** |  |
| **Healthcare professional contact information** | **Name/role/service** | **Telephone** | **email** |
| **Information for health professionals:**   * **Please complete this form** (cells may be expanded) and email it to the school referrer within 5 working days of receipt * There should be no reason for you to contact the child or the person with parental responsibility, we are only asking for known factual information * If you require additional information, please contact the referrer directly * Please contact Norfolk County Council’s Medical Needs Coordinator at [medicalneeds@norfolk.gov.uk](mailto:medicalneeds@norfolk.gov.uk) should you require any further clarification | | | |
| **When was the child last seen (in person) by a clinician?**  **Please note if this has been in person, via video link or other online consultation.** | | | |
|  | | | |
| **What are the current key diagnoses for the child?** | | | |
| Provide details: | | | |
| **Is there treatment/medication currently in place which may impact on school attendance? If so, how? (prescription details are not required** | | | |
| Provide details: | | | |
| **Are you aware of any pending referrals to other health services (e.g., where the child is on a waiting list)? Please provide details.** | | | |
| Provide details: | | | |
| **Are you aware of any other health services involved with this child?** | | | |
| *Provide details: e.g. CAMHS, Point 1, Community Paediatric services/treatment* | | | |
| **In your clinical opinion would you expect any child with this child’s diagnoses to experience difficulties in attending school and if so, why?** | | | |
| Provide details: | | | |
| **Any other information which is relevant to absence from school due to health (e.g. how this child may be supported to return to school)?** | | | |
| Provide details: | | | |
| **Health professional name** | |  | |
| **Health professional role** | |  | |
| **Health professional signature** | |  | |
| **Date** | |  | |

**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/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)