HIGHLAND SCHOOL NURSING

REQUEST FOR SCHOOL NURSING – GUIDANCE NOTE & FORM

School Nurses work as part of community-based skill mix teams (including advanced nurses, staff nurses and nursing assistants) to provide targeted assessment, intervention and support to families who may be vulnerable, affected by inequalities, at risk, or in need of additional health support. School Nurses with an advanced practitioner qualification are able to provide a detailed analysis of health need, in particular mental health need, identify relevant interventions and be able to support onward health planning for the child or young person. They will work as part of the whole system of support for families, including NHSH, H&SC, Education, CAMHS, PMHW and the 3rd sector. All school nursing teams will work to the Highland Practice Model, respecting the rights of the Child and Family and honouring The Promise.

Please consider the rights of the family/child/young person before requesting support from the School Nursing team and ensure that consent for information sharing and the request has been gained.

Where available please include an up-to-date copy of a Child's Plan.

Name of person making request:	**Date of request:**
Position:	
Address:	
Contact Number/email:	
Please confirm that the Parent/Carer/Young Person has consented. (Circle as appropriate)	
(Circle as appropriate) **YES / NO**	**Date of consent:**
DATE:	

CHILD / YOUNG PERSONS DETAILS

Name:	Date of Birth:
Home Address:	Gender:
	Contact No:
Name of Person with parental responsibility:	
Contact details and address if different from above:	
GP Name / Address:	
Named Person:	
School:	Interpreter required: YES/NO
Year Group:	Which Language:

REASON(S) FORREQUEST. PLEASE BULLET POINT

Reason for request for assistance: CURRENT CONCERN? Known Health/ Wellbeing concerns: What information has the parent/carer / young person shared regarding their concerns? What is your expectation of the School Nursing service?

OTHER PROFESSIONALS INVOLVED:

Name:	Role:	Contact details:

RELEVANT BACKGROUND INFORMATION (*Please include completed relevant assessments and any other helpful information)*

1) AN UPDATED CHRONOLOGY

2) THE CHILDS PLAN (IF THIS EXISTS) PLEASE ATTACH MOST RECENT VERSION

Please send this request to the generic team email address