



# B4 SCHOOL CHECK

## CHILD HEALTH QUESTIONNAIRE

To be filled in by the child's parent / caregiver / guardian

### Child Health Questionnaire for the B4 School Check

#### Child's Details

Family name:

First name/s:

Also known as:

Date of birth:  Boy / Tama Girl / Kōtiro

Home address:

#### Ethnicity: Tick all the boxes that apply:

<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Cook island Maori	<input type="checkbox"/> Chinese
<input type="checkbox"/> Maori	<input type="checkbox"/> Tongan	<input type="checkbox"/> Indian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Niuean	<input type="checkbox"/> Other <input type="text"/>

Language(s) spoken at home:

#### Details of one or more parent/caregiver/guardian providing consent:

Name/s:  Relationship to child:

Address:

Phone: Home:  Work:  Mobile:

Name/s:  Relationship to child:

Address:

Phone: Home:  Work:  Mobile:



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Does your child have any of the following?

Condition	Yes	No	Regular Medication	Action Plan
Asthma				
Food Intolerance				
Eczema or other skin condition				
Heart condition				
Epilepsy or fits				
Chronic chesty coughs				
Allergies				
• What is your child allergic to?				
• What was the child's allergic reaction?				

### Medication:

Is your child on any medication? Yes  No

Please list:

### Dental health:

Do you have any concerns about your child's teeth?  Yes  No

Has your child been to a dental therapist in the past 1 -2 years?  Yes  No

### Eye health:

Does your child wear glasses?  Yes  No

### Ear health:

Has your child had (or is planned to have) grommets or tubes inserted?  Yes  No

Does your child have any other conditions or disabilities?  Yes  No

If yes, please comment:

### Services

Are you or your family getting help or support from any services?  Yes  No

If yes, which services:

Do you have any concerns about your child's health that you would like to talk about with the registered nurse or B4 School Check team?

Has your child spent time in hospital?  Yes  No

Are any of the above health conditions likely to affect school life?  Yes  No

Who is your family doctor?

Medical centre:



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Who is your iwi provider (if any)?

Which ECE / Kōhanga Reo does your child attend?

Which school will your child attend when they start school?

### Immunisations:

Tick the box or boxes to show at which age or ages your child was immunised.

6 weeks

3 months

5 months

15 months

4 years

### When your child has a B4 School Check:

- You'll be involved by helping us complete the child health check and filling out two questionnaires about your child's development and behaviour. Your child will also have their vision and hearing assessed by a vision and hearing technician. If your child attends an early learning service, they will also be asked to fill out the behavioural questionnaire.
- The results of your child's B4 School Check will be given to your family doctor. Only the vision and hearing assessment results will be given to your child's early learning service, kōhanga reo, and / or school. No other information will be shared without your permission.
- If your child needs anything more, the nurse will offer to refer you and your child to another service. If that happens you'll be asked for your permission to pass on your child's information.
- Your child's name, date of birth, ethnicity and National Health Index (NHI) number will be recorded in the B4 School Check information system along with the results of the Check.
- The information we collect can only be accessed by properly authorised people who are working with your child, are co-ordinating the B4 School Check, or who are managing the information system that stores the results.
- The B4 School Check usually takes about 45 minutes.

I  (full name or parent or legal guardian)  
understand what the B4 School Check involves and

I give my consent to the B4 School Check

I do not give my consent to the B4 School Check

Date:

Checked by  (For office use only)

