**INFORMATION PROVIDED BY THE PARENT ABOUT PUPIL’S HEALTH AND APPROVAL FOR CONDUCTING PROCEDURES**

For your child’s health and well-being, the school nurse kindly asks you to fill in the following questionnaire. The information is confidential and will be not revealed to third party without your permission.

1. **Pupil**

Name and surname:

Estonian ID-code:

(if your child does not have an Estonian ID-code please write his/her date of birth)

Home address:

Phone:

1. **Family doctor**

Name:

Phone:

1. **Parents**
2. Name and surname:

Phone:

Email:

Relation to pupil: Choose an item.

1. Name and surname:

Phone:

Email:

Relation to pupil: Choose an item.

1. **How do you evaluate your child’s health condition?**

Choose an item.

1. **Does your child have permanent health problems?**

Choose an item.

If „yes“, please specify:

1. **What are the most common complaints regarding your child’s health?**

Choose an item.

Other:

1. **Does your child have hypersensitivity / allergies?**

Choose an item.

If „yes“, please specify:

* Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does your child take medication daily and which kind?**

Choose an item.

If „yes“, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please name diseases, injuries, operations your child has had.**
2. **Your child’s eyesight, hearing and speech**

Choose an item. Choose an item. Choose an item.

If speech disorder, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If necessary, name other health related problems you would like to inform the school nurse about, in order to ensure your child’s health and well-being.**
2. **Do you agree to allow the school nurse to perform healt checks on your child?**

Choose an item.

1. **Do you allow to vaccinate your child?**

Choose an item.

1. **Does your child have a vaccination passport?**

Choose an item.

If „yes“, please add a copy of the vaccination passport to this form.

1. **Do you allow the school nurse to infrom the school’s staff (class teacher, physical education teacher, school lunch providers) about your child’s condition(s), if necessary?**

Choose an item.

1. **Questionnaire filled in by:**

Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for filling in the questionnaire!

Galina Ranniku

School nurse

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