



SCHOOL NURSING SERVICE REFERRAL FORM
[Professionals version]

Child/Young Person's Name	DOB
Parent's Name	Tel No.
Address	GP if known
School	Class
Class Teacher	
Parent consent obtained * YES/NO (delete as appropriate)	
IF NO please give reason	
PARENTAL CONSENT MUST BE OBTAINED IF YOUNG PERSON NOT FRASER COMPETENT	
Concerns/issues/details of support required	
CAF (Common Assessment completed) YES/NO	
A Common Assessment should be considered if more than one agency is required to meet the needs of the child/young person	
Name of referrer	Signature
Date received by the School Nurse	
Action [For School Nursing Service use]	

Please return to schoolnurses@redcar-cleveland.gcsx.gov.uk