States of Guernsey
Children and Family
Community Services

Lukis House
Grange Road
St Peter Port, Guernsey
GY1 2QG
Telephone +44 (0) 1481 725241
Facsimile +44 (0) 1481 724456
www.gov.gg

SCHOOL NURSE REFERRAL FORM

DATE: .....

STUDENTS NAME: ..... DOB: .....

CLASS TEACHER: ..... YEAR GROUP: _____

SCHOOL: .....

HEALTH CONCERNS WITH CHILD: e.g. hearing, vision, emotional/behaviour etc

PRESENT/HISTORIC INPUT (by parent, school or other professionals)

CONSENT FOR REFERRAL OBTAINED: ☐ YES ☐ NO

FAMILY CONTACT DETAILS:

NAME: TEL NUMBER:

REFERRERS NAME AND CONTACT DETAILS:

NAME: email:

SCHOOL NURSE ACTION: (To be completed by school nurse and returned to referrer where appropriate)