



## 5 – 19 year old Healthy Child Programme School health profile

The aim of the profile is to identify the public health needs of the school population in order to prioritise and plan interventions from the School Health Service. This also enables the School Health Service to work in partnership with other health professionals who are working in your school. Your school nurse will meet with an appropriate member of staff to discuss this health profile and the support the service can offer.

Please complete the profile electronically by Friday 18th October and send to public.health@haringey.gov.uk.

Date profile completed: Enter text.

Name of person completing profile: Enter text.

Job role: Enter text.

- 1. School details
- a) Name of school: Enter text.
- b) Address: Enter text.
- c) Telephone No: Enter text.
- d) Email address: Enter text.
- e) Number of students: Enter text.
- f) Number of classes per year group: Enter text.

g) Type of school:	Boys school	Church of England	
	Girls school	Catholic	
	Mixed school	Islamic	

#### h) Please advise the persons responsible for the following roles:

Role	Name	Email address
Headteacher	Enter text.	Enter text.
SENCO	Enter text.	Enter text.
Child Protection Lead	Enter text.	Enter text.
Healthy Schools Lead	Enter text.	Enter text.
Emotional Wellbeing Coordinator	Enter text.	Enter text.
Mental Health First Aider (has attended national training)	Enter text.	Enter text.
PSHE Coordinator	Enter text.	Enter text.
Attendance Officer	Enter text.	Enter text.

i) What is your Healt	hy Schools award statu	IS?	
Bronze award $\Box$	Silver award $\Box$	Gold award □	
j) Have you achieved	d the Asthma Friendly S	chools standards?	
Achieved $\Box$	Working towards sta	ndards 🗆	
2. School policies and procedures			
a) Are the following policies available on the school's website?			

b) Do you hold <u>spare emergency asthma inhalers</u> in the school?	Yes $\Box$ No $\Box$
c) Do you hold <u>spare emergency adrenaline auto-injectors (e.g. EpiPen)</u> in the school?	Yes □ No □

Haringey Clinical Commissioning Group will be purchasing spare adrenaline auto-injectors for schools. Please state the name of the person who these should be addressed to: *Enter text.* 

### 3. Student health information

#### a) Please outline the number of students with the following needs:

Education, Health and Care (EHC) Plan	Enter number.
SEND without an EHC Plan	Enter number.
Severe allergies	Enter number.
Students prescribed an auto adrenaline-injector (e.g. EpiPen)	Enter number.
Asthma	Enter number.
Diabetes	Enter number.
Eczema	Enter number.
Epilepsy	Enter number.
Sickle cell anaemia	Enter number.
Continence concerns	Enter number.
Physical disability	Enter number.
Emotional health and wellbeing issues	Enter number.
Other	Please specify.

#### 4. Other professionals

a) Do you employ a counselling service within the school?	Yes 🗆 No 🗆
What is the student capacity for this service?	Please specify.
<ul> <li>b) Do Child and Adolescent Mental Health Services</li> <li>(CAMHS) provide services within the school?</li> </ul>	Yes $\Box$ No $\Box$

# c) Please state any other health and wellbeing related professionals working within the school (e.g. counsellor, educational psychologist):

Name	Job role	Email address
Enter text.	Enter text.	Enter text.