

SCHOOL ABSENCE AND HOLIDAY SICKNESS RECORD

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

INSTITUTE OF CHILD HEALTH (UNIVERSITY OF LONDON)

SOCIETY OF MEDICAL OFFICERS OF HEALTH, & POPULATION INVESTIGATION COMMITTEE

13, ENDSLEIGH STREET, LONDON, W.C.1.

Ref. No.

Name

Address

School

FOR THOSE WHO HAVE MOVED

New Address

.....

L.E.A.

New School.....

If the Family has moved to another Authority please enter the new address and the name of the new L.E.A. and new school in the space provided. If the child cannot be traced please enter the last address and any other information that might help us to trace him.

HOW TO FILL IN THIS FORM

The aim of this form is to bring up to date our information on illnesses and accidents. It should be completed during the early weeks of the Autumn term when any illnesses or accidents that have occurred during the Summer holidays will still be fresh in the mothers' minds.

The third question on this form refers to school absences. The part printed in red has been filled in from special school absence records which have now been returned to the headquarters office. There is no need, therefore, on this occasion to visit the school to copy these records unless there is a note on this form to say that the records have not been returned to us. Each period of absence should be checked with the mother and any further details that are of interest should be entered in the "Remarks" column. It is hoped that reasons will be given for all periods of absence whether from illness or any other cause and that for each illness you will be able to say whether the child was put to bed and where and by whom he was treated.

The fourth question asks for details about illnesses and accidents occurring during the school holidays. In order to refresh the mother's memory a list of the common illnesses and of those in which we are specially interested is given. The mothers should be asked specifically whether their child has had each of these illnesses.

Completed Forms should be returned to the School Medical Officer and not directly to the Joint Committee.

1. If this child has died please state

(a) Date of death.....

(b) Cause of death (if known)

(For all living children)

2. (a) Parent or relative interviewed

Mother 1

Father 2

Other person, namely.....

No one 0

(b) If mother not interviewed give reasons

.....
.....
.....

COPY FROM ABSENCE RECORDS

| MON. | TUES. | WED. | THURS. | FRI. | WEEKS ENDING 1953 | REASON FOR ABSENCE (Please make sure that all absences have been recorded). | Tick if a Medical Certificate was produced |
|------|-------|------|--------|------|-------------------|--|--|
| | | | | | April 17th | | |
| | | | | | " 24th | | |
| | | | | | May 1st | | |
| | | | | | " 8th | | |
| | | | | | " 15th | | |
| | | | | | " 22nd | | |
| | | | | | " 29th | | |
| | | | | | June 5th | | |
| | | | | | " 12th | | |
| | | | | | " 19th | | |
| | | | | | " 26th | | |
| | | | | | July 3rd | | |
| | | | | | " 10th | | |
| | | | | | " 17th | | |
| | | | | | " 24th | | |
| | | | | | " 31st | | |
| | | | | | August 7th | | |

X = Absent Whole Day; / = Absent Half Day; O = School Closed (Half Term, etc.).

4. SICKNESS AND ACCIDENTS DURING SUMMER HOLIDAYS

(a) Summer holidays. Started, 1953. Ended, 1953.

(b) Details of Illnesses and Accidents during the Holidays.

(Please read over the following list of illnesses to make sure that none has been forgotten :—Asthma, Fits or Convulsions, Vomiting, Abdominal Pain, Jaundice, Earache, Discharging Ears, Sore Throat or Tonsillitis, Swollen Glands in Neck, Bronchitis or Pneumonia, Measles, Whooping Cough, Mumps, Scarlet Fever, German Measles, Chicken Pox, any other illness or Disability, Accidents.)

(If no illness or accidents, please strike through this question.)

| | Type of Illness or Accident | Number of Days in Bed (If not sent to bed put "None") | Where Treated Hosp. I.P. Hosp. O.P. Nursing Home Own Home | If at Home who gave Treatment, Doctor, Nurse, Chemist, Other | Remarks |
|----------------------------|-----------------------------|--|---|--|---------|
| FIRST Illness or Accident | | | | | |
| SECOND Illness or Accident | | | | | |

FURTHER DETAILS OF ALL HOSPITAL ADMISSIONS AND ACCIDENTS ARE NEEDED IN Q. 6 and Q. 7.

ABSENCES

HOME VISIT—DETAILS OF SICKNESS ABSENCE

| Number of Days in Bed (If not sent to bed put "None") | Where Treated Hosp. I.P. Hosp. O.P. Nursing Home Own Home | If at Home Who Gave Treatment Doctor, Chemist, Nurse, Other. | EARD | REMARKS |
|---|---|--|------|---------|
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FURTHER DETAILS OF ALL HOSPITAL ADMISSIONS AND ACCIDENTS ARE NEEDED IN Q. 6 and Q. 7.

5. SPECIAL CLINICS (staffed by Public Health or School Health Departments) AND SPECIAL DEPARTMENTS OF HOSPITALS

(a) Is this child now attending a special clinic or special department of a hospital? Yes1
 No2

(If yes) (b) Name of hospital or clinic.....
 Address

6. ADMISSIONS TO HOSPITAL

Details of hospital admissions recorded during the term and in the Summer Holidays.

Name of hospital.....
 Address of hospital.....
 Name of Doctor or Specialist in charge of child.....

7. ACCIDENTS

Details of accidents recorded during the term and in the Summer Holidays.

(a) Type of injury Burn or scald1
 Broken bone2
 Other, namely

(b) Part injured

(c) Where accident occurred Own home1
 School2
 Street3
 Elsewhere, namely

(d) Details of how accident occurred :—
(Continue on next page if necessary)

8. BED WETTING

QUERIES ARISING FROM THE LAST INQUIRY

- (a) Is this child dry by night ? Never wet..... 0
 Wet occasionally..... 1
 Wet several nights a week...2
 Wet every night.....3

(If " wet.")

(b) How are you trying to get him dry ?

Punishments, namely.....

Rewards if dry, namely.....

Special treatment, namely.....

(Ask all mothers)

9. Have any of your other children been frequently wet at night after they were four years of age ?

Yes 1

No 0

(If " Yes ")

Please give their names and the ages at which they became dry.

| Name. | Age when dry | |
|-------|--------------|---------|
| | Years. | Months. |
| | | |
| | | |

SCHOOL NURSE'S OR HEALTH VISITOR'S COMMENTS ON CHILD'S PROGRESS

PLEASE MAKE SURE THAT ALL QUESTIONS ARE ANSWERED OR STRUCK THROUGH IF THEY DO NOT APPLY.

Name of School Nurse or Health Visitor.....

Date of interview **COMPA 3**

3. SCHOOL ABSENCES

| COPY FROM ABSENCE RECORDS | | | | | | HOME VISIT—DETAILS OF SICKNESS ABSENCE | | | | | | |
|---------------------------|-------|------|--------|------|-------------------|--|--|---|---|--|------|---------|
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| | | | | | " 8th | | | | | | | |
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| | | | | | " 12th | | | | | | | |
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(d) Details of how accident occurred :—
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