STRICTLY CONFIDENTIAL

## 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   | FOR THOSE WHO HAVE MOVED  |
|  | New Address   |
| Address  |   |
|  |   |
| Charl  |   |
| School   | L.E.A.  |
|  | New School  |
|  |   |
| If the Family has moved to another Authority please enter the in the space provided. If the child cannot be traced please us to trace him.   | he new address and the name of the new L.E.A. and new school enter the last address and any other information that might help   |
| HOW TO FILE  | L IN THIS FORM  |
| The aim of this form is to bring up to date our information during the early weeks of the Autumn term when any illness will still be fresh in the mothers' minds.  | rmation on illnesses and accidents. It should be completed sses or accidents that have occurred during the Summer holidays      |
| school absence records which have now been returned to occasion to visit the school to copy these records unless not been returned to us. Each period of absence details that are of interest should be entered in the be given for all periods of absence whether from illness or say whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to bed and where and by whether the child was put to be a second to the child was put to be a secon |   |
| refresh the mother's memory a list of the common illness   | and accidents occurring during the school holidays. In order to see and of those in which we are specially interested is given. |
| The mothers should be asked specifically whether their chi<br>Completed Forms should be returned to the School Medical   | ld has had each of these illnesses.   |
| 1. If this child has died please state   | Officer and not directly to the Joint Committee.  |
|  |   |
|  |   |
| (For all living children)  |   |
| 2. (a) Parent or relative interviewed  | Mother1   |
|  | Father2   |
|  | Other person, namely  |
|  | No one  |
| (b) If mother not interviewed give reasons   |   |
|  |   |

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3. SCHOOL

| R 52/56 AIM 32/30 AOI 52/56 ARE 32/30 AORS 32/30 |                           |      |        |      |   |   |  |
|--|---------------------------|------|--------|------|---|---|--|
|  | COPY FROM ABSENCE RECORDS |      |        |      |   |   |  |
| MON.   | TUES.                     | WED. | THURS. | FRI. | Weeks<br>Ending<br>1953                   | Reason for Absence (Please make sure that all absences have been recorded). | Tick if a Medical Certificate was produced |
|  |                           |      |        |      | April 17th                                |   |  |
|  |                           |      |        |      | May 1st ,, 8th ,, 15th ,, 22nd ,, 29th    |   |  |
|  |                           |      |        |      | June 5th ,, 12th ,, 19th ,, 26th          |   |  |
|  |                           |      |        |      | July 3rd<br>,, 10th<br>,, 17th<br>,, 24th |   |  |
|  |                           | Ť.   |        |      | " 31st<br>August 7th                      |   |  |

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

| 4  | SICKNESS | AND | ACCIDENTS | DURINGS | SUMMER    | HOLIDAYS   |
|----|----------|-----|-----------|---------|-----------|------------|
| 4. | DICKIEDO |     |           | DUILLIO | CIVILIVIE | TIOLIDITIO |

| (a) | Summer holidays. | Started | , 1953. | Ended | <br>1953 |
|-----|------------------|---------|---------|-------|----------|
|     |                  |         |         |       |          |

(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.)

| Anong in Se                         | Type of Illness or Accident | Number of Days in  Bed (If not sent to bed put "None") | Where Treated<br>Hosp. I.P.<br>Hosp. O.P.<br>Nursing Home<br>Own Home | If at Home who gave<br>Treatment, Doctor,<br>Nurse, Chemist, Other | Remarks   |
|-------------------------------------|-----------------------------|--|---|--|---|
| FIRST<br>Illness<br>or<br>Accident  |                             | anio M   |   | timite (il lance) Matire lithersiumes                              | (ii) Cana or<br>for all exists children<br>(ii) Parent or |
| SECOND<br>Illness<br>or<br>Accident |                             | No one   |   |  | reliand (a)   |

<sup>(</sup>b) Details of Illnesses and Accidents during the Holidays.

ABSENCES

AILS 52/56 APP 52/56 ATS 52/56 ATP 52/56 ABRS 52/56 ADP 52/56

|   | HOME VISIT—DETAILS OF SICKNESS ABSENCE   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Number of<br>Days in<br>Bed (If<br>tot sent to<br>bed put<br>'None'') | Hosp. I.P.<br>Hosp. O.P.   | If at Home Who Gave Treatment Doctor, Chemist, Nurse, Other. | EARD<br>REMARKS                                    |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
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|   | The first description to each or trade the major of the plant and the same of the action of the same o |  |  |  |  |  |  |

## 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         | <ol> <li>ACCIDENTS         Details of accidents recorded during the term and in the Summer Holidays.     </li> </ol> |
|---|--|
| (a) Is this child now attending a special clinic Yes1 or special department of a hospital? No2                          | (a) Type of injury Burn or scald1 Broken bone2 Other, namely   |
| Address  6. ADMISSIONS TO HOSPITAL  Details of hospital admissions recorded during the term and in the Summer Holidays. | (b) Part injured  (c) Where accident occurred  School 2  Street 3  Elsewhere, namely                                 |
| Name of hospital  | (d) Details of how accident occurred:— (Continue on next page if necessary)  |

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| The same of |
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|             |

| (a) Is this child dry by night? Never wet  |      |
|--|------|
| Wet occasionally 1   |      |
| W. J. Company of the  |      |
| Wet several nights a week2   |      |
| Wet every night3   |      |
| (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   |      |
| Name.   Age when dry   Years.   Months.  |      |
| TOTAL AND  |      |
| The state of the s |      |
| el Health Departments AND SPECIAL  |      |
| A CONTRACT OF THE PARTY OF THE  | ind. |
| 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 Healtl | 1 Visitor |  |
|----------------------|-----------|-----------|--|
| Date of interview    | COMP      | A3        |  |

AIL 52/56 ANI 52/56 APP 52/56 AAB 52/56 AILS 52/56 AFL 52/56 AAC 52/56 AT 52/56 ATP 52/56 AIN 52/56 ATS 52/56 ABBR 52/56 3. SCHOOL ABSENCES AOI 52/56 ADP 52/56 AURS 52/56 ARE 52/56 AIM 52/56 AUR 52/56 HOME VISIT-DETAILS OF SICKNESS ABSENCE COPY FROM ABSENCE RECORDS Where If at Home Who Number of Treated **EARD** THURS. Tick if a Hosp. I.P. Gave Treatment Days in WED. WEEKS Medical Hosp. O.P. REASON FOR ABSENCE Bed (If Doctor, REMARKS ENDING Certificate not sent to Nursing Chemist, 1953 (Please make sure that all absences have been recorded), Nurse. was Home bed put produced 'None ") Own Home Other. April 17th 24th May 1st 8th 15th 22nd 12th 19th 26th 3rd 10th 17th 24th 31st August 7th X = Absent Whole Day; / = Absent Half Day; O = School Closed (Half Term, etc.). FURTHER DETAILS OF ALL HOSPITAL ADMISSIONS AND ACCIDENTS ARE NEEDED IN Q. 6 and Q. 7. 7. ACCIDENTS 5. SPECIAL CLINICS (staffed by Public Health or 4. SICKNESS AND ACCIDENTS DURING SUMMER HOLIDAYS School Health Departments) AND SPECIAL Details of accidents recorded during the term and in the Started ....., 1953. Ended ...... 1953. (a) Summer holidays. DEPARTMENTS OF HOSPITALS Summer Holidays. (b) Details of Illnesses and Accidents during the Holidays. (a) Is this child now attending a special clinic Yes ......1 (a) Type of injury (Please read over the following list of illnesses to make sure that none has been forgotten: -Asthma, Fits or Convulsions, Vomiting. or special department of a hospital? Abdominal Pain, Jaundice, Earache, Discharging Ears, Sore Throat or Tonsillitis, Swollen Glands in Neck, Bronchitis or Pneumonia, Measles, Broken bone \_\_\_\_\_2 Whooping Cough, Mumps, Scarlet Fever, German Measles, Chicken Pox, any other Illness or Disability, Accidents.) Other, namely (If no illness or accidents, please strike through this question.) (If yes) (b) Name of hospital or clinic..... Address ..... Where Treated Number of Days in Hosp. I.P. If at Home who gave Type of Illness Bed (b) Part injured Treatment, Doctor, Remarks Hosp. O.P. (If not sent to bed or Accident Nursing Home Own Home Nurse, Chemist, Other put " None ") (c) Where accident Own home \_\_\_\_\_1 occurred 6. ADMISSIONS TO HOSPITAL School \_\_\_\_\_2 Street \_\_\_\_\_3 Details of hospital admissions recorded during the term and in FIRST the Summer Holidays. Illness Elsewhere, namely ..... Accident Name of hospital (d) Details of how accident occurred :-Address of hospital (Continue on next page if necessary) SECOND Illness

Name of Doctor or Specialist

in charge of child

Accident

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