

**CONFIDENTIAL:            DETAILS OF PUPILS IN SCHOOL**

Under the terms of the Data Protection Act, we have a need to ensure that data held about your son/daughter is accurate. Whilst it may appear that you have already given this information to the school, the Data Protection Act limits the way in which information can be shared and also requires that the subjects are informed as to the purpose for which that information is to be used. For this reason we are asking you to complete the details below for the purpose of providing school nursing services to your child. This will not alter the normal consent arrangements that exist for any immunisations, surveillance or interventions that may take place between the school nurse and the child within school.

Child's Surname ..... Forename(s) .....

D.O.B ..... Sex (Male/Female) .....

Child's NHS Number..... Ethnicity .....

Current Address .....  
.....

Telephone Number .....

Family Doctor .....

Does your child have any Medical Condition / Disability Yes / NO?

Please give details .....

Name of School .....

Previous Address .....  
(if applicable) .....

Previous School .....

Information is held by Walsall Healthcare NHS Trust for the purposes of providing School Nursing and other Community Health Services. It may be necessary for the information to be shared with other health professionals, the school, other education establishments and social services. The anonymised or aggregated data may also be used for the purposes of research and statistical analysis.

When completed please return to School Secretary