

Dear Parent or Carer

As a result of national recommendations\* we, as school nurses, have a duty to ensure we are aware of all school age children who are registered with our GPs, attending schools in our area and/or live within our boundaries. Therefore, would you please complete the following information for each child of school age:

Child's Name.....

Date of Birth.....

Address.....

Contact Number.....

Name of child's main carer.....

Relationship to child.....

School.....

GP.....

Signed by.....(parent/carer)

Please print name..... Date.....

When we receive this information, we will contact our colleagues in education to ensure the best care for your child.

Thank you for completing the form. Please return to your GP receptionist

Yours sincerely,

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You may wish to cut of the contact numbers for future reference.

Davina Russell, Tel 01582 707644 Dunstable

Angela Duckett, Tel 01525 631240 Flitwick

Gill Treverton Tel: 01767 224902 Biggleswade