

UHS NHS REFERRAL TO HOSPITAL SCHOOL

Ward:	Bay/Bed:	Predicted length of stay:	NHS Referrer:	
PLACE PATIENT ADDRESS LABEL HERE			Date admitted to hospital:	
			Date referred to Hospital School:	
			Date school office received referral:	
			Date teaching due to commence:	

PARENT/GUARDIAN TO COMPLETE

1	Child's usual school:			
2	Parent/Guardian Name:			
	Parent/Guardian Contact Number:			
	Parent/Guardian Email Contact:			
3	Additional Emergency Contact Name:			
	Additional Emergency Contact Number:			
4	Circle if applicable for your child:	Child in Care	EHCP	Social Worker
5	Main language spoken and heard at home:			
	Other language(s) spoken and heard at home:			

PARENT/GUARDIAN DECLARATION & CONSENT

I wish to enrol my child in the Hospital School and consent for the school to liaise with NHS professionals to ensure the best support for my child. I understand that the Hospital School will also contact my child's usual school alongside other agencies or organisations currently involved in supporting my child.

Parent/Guardian signature:

Date:

NHS MEDICAL STAFF TO COMPLETE

1	Reason for Admission:			
2	Child is medically fit to attend:	Classroom	Bedside Teaching	Remote Learning
3	Essential medical information:			
4	Essential safeguarding information:			

UHS NHS Referrer Signature:

Date: