

Information for the school nurse

Please fill out the form and give it to your mentor at the start of school

Your personal data will be managed in accordance with the municipality's rules concerning personal data processing and the Patient Data Act. More information is available at www.lund.se/gdpr

Student's first name and last name	Personal ID number
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Student's home address	Postal code and city
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Student's mobile phone	Parent / guardian's mobile phone 1. 2.
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Program and class name at Polhemskolan
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Primary school that the student attended

School	Municipality
Class	Year

I give my consent for my school health records to be transferred to my new school

These records contain information about the vaccinations the student has received, results from vision/hearing tests and other information that has been collected by the school health services. This information is confidential, which means that no one other than the school nurse or school doctor has access to the records.

Yes No

I give my consent for my mobile phone and V-class account to be used for reminders and summons to the student health services

Yes No

Student's signature

Both of the parents' / guardians' signatures

Dear colleague!

Please send the school health records (PMO/PMI exist) together with this form to:

Skolhälsovården Polhemskolan
Box 41
221 00 Lund