

**SCHOOL RECORD ON A PUPIL WHO HAS EXPERIENCED
LOSS/BEREAVEMENT**

This document should be treated as confidential and its content shared and stored in accordance with Data Protection and Child Protection Policies.

Name: _____ DOB: _____ Age: _____

Faith/culture: _____ Key Support Person: _____

IMPORTANT INFORMATION: *(to include relationship of pupil to deceased, nature of bereavement, illness, accident, sudden death)*

FAMILY DETAILS: *(names, ages, relationships, school etc)*

SIGNIFICANT DATES: *(anniversary, birthday, child's/young person's birthday etc)*

ADDITIONAL COMMENTS BY STAFF:

Signed: _____ Date: _____