

BURGESS ROAD SURGERY

Please bring the child's Red Book with you so we can take a copy of their immunisation record.

CONFIDENTIAL MEDICAL REGISTRATION FORM (Children Under 16)

Child's Personal Details:

Please complete all pages in FULL using BLOCK capitals

Child's Surname:

Child's First Names (in full):

Previous Surnames:

Title: Master Miss Ms Male Female

Date of Birth (day/month/year):

NHS Number: (if known)

Town & Country of Birth:

Address:

Post Code:

Telephone Number: Mobile Number:

Email Address:

Online Access (for children 13+) Yes No

Please specify whose above email address this is, e.g. parent, guardian or child (if over 13) etc.

Name of Parent(s) / Carers	Has Legal / Parental Responsibility?	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not the above, name and contact details of person with legal responsibility:		

Does the child have any special communication / mobility needs? Yes No
If yes please state:

Is the child currently: A Refugee An Asylum Seeker
Is the child a child in care? Yes No
If yes to either of the above questions, in what capacity? Temporary Permanent
Is the child home educated? Yes No
Name and telephone number of Social Worker:
Name of child's nursery/school

Has the child or family either currently or in the past been known to Children's Services?
 Yes No

Required Information:

Child's Immunisations:

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

Immunisation	Date	Immunisation	Date
Tetanus		Booster: Tetanus	
Whooping Cough		Booster: Diphtheria	
Polio		Booster: Polio	
HiB		Booster: MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

Child's List of Current Medication:

Name of Medication	Dosage

Child's Allergies:

Please list any allergies the child has to any drugs/medications or if known egg allergy or peanut allergy:

Name of Medication	What was the problem or upset?

Child's Ethnicity:

- British or mixed British
 Irish
 African
 Caribbean
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other (please state):
 Decline to state

Child's Language:

Please state child's main spoken language:

Does the child need an interpreter?

- Yes No

Data Sharing Consent Choices:

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations for medical reasons (eg Emergency Departments). If you wish to **OPT OUT** of this please inform reception.

Signatures:

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date:

Signature on behalf of patient Signature of patient

Name of Person

Relationship to Child: