

**CHILDREN'S REGISTRATION FORM (0-15 years)**

<b>Main language spoken:</b>	
<b>Name of school attending:</b>	
<b>Does your child have any special educational needs?</b>	Yes / No
<b>If yes please specify:</b>	
<b>Home address:</b>	

<b>Mother's Full Name:</b>	<b>Father's Full Name:</b>
<b>Home address:</b>	<b>Home address:</b>
<b>Mother's Contact number:</b>	<b>Father's contact number:</b>
<b>Mother's email address:</b>	<b>Father's email address:</b>
<b>Person with parental responsibility: Yes / No</b>	<b>Person with parental responsibility: Yes / No</b>
<i>If parental responsibility is different from above please specify:</i>	
<b>Name and surname:</b>	

<b>Contact number:</b>	
<b>Relationship to patient:</b>	

<b>Preferred email address for contact:</b>	
<b>Do you consent to be contacted via email?</b> <i>Admin use: Yes -9Nds / No- 9Ndy</i>	Yes / No
<b>Do you consent to be contacted by the surgery via text messages?</b> <i>Admin use: Yes -9Ndp / No- 9NdQ</i>	Yes / No
<i>We will contact you only to invite you for routine reviews, follow-up appointments (for example to discuss results) or regarding health campaigns (Flu jabs, NHS Health checks etc.). We will not enclose any results.</i>	
<i>Disclaimer - Any information sent via email is not secure. Please be aware that we cannot guarantee the security of any information sent via unencrypted email. If you are concerned about your personal details being visible to a third party, please do not use email.</i>	

<b>ETHNICITY – please tick by your ethnicity</b>					
<b>WHITE</b>		<b>Code</b>	<b>BLACK OR BLACK BRITISH</b>	<b>Code</b>	
British	<input type="checkbox"/>	<b>A</b>	Caribbean	<input type="checkbox"/>	<b>L</b>
Irish	<input type="checkbox"/>	<b>B</b>	African	<input type="checkbox"/>	<b>M</b>
Any other White background	<input type="checkbox"/>	<b>C</b>	Any other black background	<input type="checkbox"/>	<b>N</b>
<b>MIXED</b>			<b>OTHER ETHNIC GROUPS</b>		
White and Black Caribbean	<input type="checkbox"/>	<b>D</b>	Chinese	<input type="checkbox"/>	<b>O</b>
White and Black African	<input type="checkbox"/>	<b>E</b>	Any other ethnic group	<input type="checkbox"/>	<b>P</b>
White and Asian	<input type="checkbox"/>	<b>F</b>	<b>NOT STATED</b>		
Any other mixed background	<input type="checkbox"/>	<b>G</b>	I do not wish to state my ethnicity	<input type="checkbox"/>	<b>Z</b>
<b>ASIAN OR ASIAN BRITISH</b>					
Indian	<input type="checkbox"/>	<b>H</b>			
Pakistani	<input type="checkbox"/>	<b>I</b>			
Bangladeshi	<input type="checkbox"/>	<b>J</b>			
Any other Asian background	<input type="checkbox"/>	<b>K</b>			

**Allergies**

Does your child have any allergies to the following?

Penicillin

Other Medication  \_\_\_\_\_

Other Products

Nuts

Milk

Other  \_\_\_\_\_

**In the table below give details of any medications that your child is currently taking**

<b><u>Medication</u></b>		
<b><u>Name of medication</u></b>	<b><u>Strength</u></b>	<b><u>Homw many time a day</u></b>

<b><u>Operations</u></b>		
Has your child had any major surgeries?		
<b><u>Name of operation</u></b>	<b><u>Place / Hospital</u></b>	<b><u>Date of operation</u></b>

<b><u>Nomination of Pharmacy for EPS</u></b>	
Would you like to nominate a pharmacy for your child electronic prescription services (EPS)?	Yes / No
<b>Hiren – Next door pharmacy</b>	Yes / No
<b><i>Other Pharmacy? – Please Specify</i></b>	
<b>Name of pharmacy:</b>	
<b>Address of pharmacy:</b>	