CHILD REGISTRATION FORM

Name:	Date of Birth:
Address:	
Telephone number:	Mobile number:
Nationality:	Place of Birth:
Full name of main carer:	Main carer's relationship to child:
Next of Kin:	Next of Kin relationship to child:
Next of Kin address / phone number	
	Are there any other families members in your household:
NB: Please seek consent from NOK before giving us their personal details.	
Parental Responsibility Persons with parental responsibility: Name: Relationship to child: Phone number: Name: Relationship to child: Phone number: I do / do not give explicit consent for my	As part of our efforts to safeguard the best interests of patients who are under the age of 16, we wish to record the names of adults with parental responsibility in the medical record of your child. Any information provided will be held as part of Medical Notes at The Marshside Surgery and will only be passed on to any other GP surgery with whom you may register in the future. This information will not be shared with any other party without express consent. Please note that with effect from 25th May 2018
mobile number / email to be used to contact me with appointment reminders and healthcare reminders.	GDPR law came into place meaning that over 13-year-olds are responsible for their own electronic data implying that parent's information has to be removed. As a result, once your child is aged between 13-16 years old the mobile number and email addresses of parents will be removed. Online access will also be restricted to appointment booking only. For more information, please speak to reception.
Any medical problems?	Any developmental problems:
Please list any illnesses/operations:	Does your child have allergies to medications? Yes No
	If yes which medication?

Does your child have any allergies?	For under 4/5-year-olds, name of health visitor?
Yes No	
If yes what is your child allergic to?	
Name of previous GP Practice:	If your child is attending nursery or school, please tell us which one:
Is your child known to social care?	Is there an allocated social worker? If so, please leave contact details below:
Yes / No	
Is your child subject to a child protection plan?	Does your child have a paediatrician assigned to them? If so please leave contact details
Yes / No	below:
Is your child up to date with their immunisations?	Has your child missed or is overdue any immunisations?
Yes / No	Yes / No
How would you describe the ethnic group your	child belongs to? This can belo with your
Tion modia you describe the chime group your	onna solongo to . Tino oan noip with your

medical care:

Does your child have any religious or cultural needs:

Does your child or you as a parent/carer have any communication needs relating to a disability, impairment or sensory loss: