**PRE-REGISTRATION FORM (UNDER 18 YEARS OLD)**

**(At least one parent and/or guardian to be registered at the Practice)**

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| **Details of Person filling in the form:**  What relationship do you have to the child  (e.g. Parent, Step Parent, Guardian, Foster Carer): | | First Name:  Surname:  Address: |
| **Child’s Details** | | |
| Surname: | | First Name: |
| Date of Birth : | | Sex: Male / Female |
| Address : (if different from above)  Post Code : | | Contact details  Home Tel.:  Mobile No: |
| Child’s first language: | | Ethnicity: |
| Child’s country of birth: | | If from overseas, when did the child enter the  country: |
| **Family Details:** | | |
| Mothers full name:  DOB: | Father’s full name:  DOB: | |
| Names and DOB of siblings: | | |
| Name and relationship to child of any other household members: | | |
| Address of mother/father\* (if different from child’s) :  \*delete as appropriate | | |
| Name and address of most recent school or nursery: | | |
|  | | |
| **Health Information** | | |
| 1. Has the child any major illnesses, operations, chronic illnesses such as Asthma or any disabilities?   Yes 🗌 No 🗌  Please list with dates: | | |
| 1. Any current or regular medication:   Yes 🗌 No 🗌  If “yes” please list below: | | |
| 1. Is your child allergic to anything?   Yes 🗌 No 🗌  If “yes” please list below: | | |
| 1. Immunisations – Please bring the child’s Red Book | | |
| **Families Receiving Additional Support** | |  |
| 1. Does your child have a social worker?   Yes 🗌 No 🗌  (If yes, please give their name, address and contact number) | | |
| 1. Is the child in a care home or fostered?   Yes 🗌 No 🗌 | | |
| Who has Parental Responsibility? | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be shared with our Child Health Department and members of the Primary Healthcare Team.

If you do **NOT** want this information to be shared please tick here: 🗌