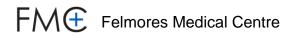


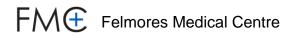
Fields marked with an asterisk (*) are compulsory.

Child/Under 18 Registration Form

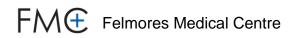
Date form completed	
When registering your child, please bring in proof of any vaccinations and immunisations to complete the registration process. No proof of their vaccinations and immunisations may cause a delay in registration.	
Details of Child/Young Person Being Registered	
*Surname	_
*Forename(s)	_
*Date of Birth NHS Number	_
*Sex Assigned at Birth Male Female Other	_
*Gender	
*Address	
Postcode	
*Phone Mobile	
E-mail	
Has the child been known by any other names? If yes, please give details: Yes No	



Ethnicity										
First Language	Religion									
Ethnic Origin	Place of Birth									
School/ Nursery										
Name of School/ Nurs	sery									
Address										
	Postcode									
Previous GP										
Name of GP										
Address										
	Postcode									
If You Are From Abr	oad									
Previous Address										
	Postcode									
Date of Arrival in the	UK									



Details of Child's Main Carer							
*Surname							
*Forename(s)							
Relationship to Child (mother, father, etc.)							
Address (if different from above)							
Postcode							
Contact Details (if different from above)							
Phone Mobile							
E-mail							
Does the Child have contact with the other parent?							
*Surname							
*Forename(s)							
Address (if different from above)							
Postcode							
Contact Details (if different from above)							
Phone Mobile							
E-mail							



Safeguarding								
*Is the Child subject to a Secure Order?								
*Has the Child been Remanded to Local Authority Care?								
Name of Social Worker (if applicable)								
Contact Number for Social Worker (if applicable)								
Individual(s) who have parental responsibility (In case of consent)								
Are there any other Significant Carers involved in the upbringing of this Child or Young Person (e.g. step-parent, grandparent, foster parent etc.) If yes, please give details: Yes No								
Are there any other services known or involved with the Family or Young Person? (e.g. Social Care, CAMHS). If yes, please give details:								
Does the Child have any disabilities or distinguishing Features? If yes, please give details:								



Medical Information						
Please state any Significant Medical History:						
Are they on any repeat medication? If yes, please give details: Yes No						
Does the child suffer from any allergies? If yes, please give details: Yes No						
Is there any significant Family Medical History? (e.g. Asthma, Heart Conditions etc.)						
Does the Child or Young Person Smoke? If yes, please give details:						
☐ Yes ☐ No						
Does the Child or Young Person drink alcohol? If yes, please give details:						
☐ Yes ☐ No						



Household Composition

Please list all persons (adult and child) who live at the address with the registered child.

Surname	Forename	DoB	Occupation /school /nursery	Relationship to child (sibling/ aunt etc)	Registered at surgery Yes/No