

Child Registration Form

Welcome to Living Well Partnership. This registration form should be used to register a child aged 15 years or younger. Please note that in order to register your child at least one parent at the same address **must** be registered with the Partnership. Use as many copies of this registration form as you require and attach to the adult form.

Child's details

Title _____ Surname _____

First names _____

Address _____

Post code _____

Date of birth _____ Gender _____

NHS number (if known) _____

Previous address _____

Post code _____

Previous GP surgery name and address _____

Post code _____

Ethnic background (please tick below)

- | | | |
|---|--|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> White – Any other White background | <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Black or Black British - Any other Black background |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Asian or Asian British – Any other Asian background | <input type="checkbox"/> Other Ethnic Groups – Chinese |
| <input type="checkbox"/> Mixed – White and Black African | | <input type="checkbox"/> Other Ethnic Groups – Any other ethnic group |
| <input type="checkbox"/> Mixed – White and Asian | | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Mixed – Any other mixed background | | |

First language* _____ Do they need a translator Yes / No

*age dependent

Your details

Parent/Guardian 1

Name _____

Address _____

Mobile phone _____

Email _____

Relationship to child _____

Parent/Guardian 2

Name _____

Address _____

Mobile phone _____

Email _____

Relationship to child _____

Please note that the mobile phone, home phone and email details for **Parent/Guardian 1** will be listed as the main contact details on the child's records.

Your child's health

Does your child have/has had any serious medical conditions or operations:

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|--|
| |
|--|

If your child has any allergies, please give details:

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|--|
| |
|--|

Your child's immunisation history

Please indicate which immunisations your child has received. Please tick the appropriate box if dates are unknown. If you are concerned that your child has not received all their immunisations please contact the surgery.

| | Date | Date | Date | Date |
|---|------|------|------|------|
| Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B | | | | |
| Meningitis B | | | | |
| Rotavirus | | | | |
| Pneumococcal | | | | |
| Hib & Meningitis C | | | | |
| MMR | | | | |
| HPV | | | | |
| Meningitis A, C, W, Y | | | | |
| Annual Influenza | | | | |

Your child's medication

Please list any regular medication with the dose taken, and attach a copy of your repeat prescription from your previous surgery, if applicable.

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Prescriptions are now sent electronically to your chosen pharmacy. Please tell us which pharmacy you would like your child's prescriptions sent to:

| |
|--|
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|--|

Additional information

If your child is attending school, please provide the name and address of the school:

| |
|--|
| |
|--|

Does your child have a social worker or have they ever had a child protection plan? If yes, please give details:

Yes / No

| |
|--|
| |
|--|

Emergency contacts:

| Name | Relationship | Contact numbers |
|------|--------------|-----------------|
| 1 | | |
| 2 | | |
| 3 | | |

Communicating with you

We regularly communicate with our patients via text message and email to ensure we respond to your queries quickly and efficiently, to provide you with relevant medical updates and invites e.g. vaccine clinics. Tick here to opt out of receiving texts and emails about your child.

Opting out of data sharing

Your Summary Care Record (SCR) allows key information from your GP medical record (such as your medication, medical problems and allergies) to be seen by A&E, 111, out of hours doctors and community providers when they are treating you. If you do not want you child to have a SCR, please tick here. Please note this may affect their care from others if you do opt out.

To opt in to additional information being included on your child's Summary Care Record (such as immunisations, care plan information or significant medical history) please tick here.

The Care and Health Information Exchange (CHIE) allows summary information about your health to be accessed by healthcare professionals within Hampshire to support your care and treatment, including in cases of emergency. If you do not want your child's information to be shared in this way, please tick here. Please note this may affect their care from others if you do opt out.

If you do not want confidential patient information from your child's medical record leaving the GP practice for any purpose other than their direct health care, such as for research and planning, please tick here.

If you do not want confidential patient information from your child's medical record being used by NHS England to help with research and planning or for any other secondary use, please register with the National Data Opt Out Service: <https://www.nhs.uk/your-nhs-data-matters/> The Partnership cannot amend this preference for you. The NDO does not apply to anonymised data used for research purposes.

Our Privacy Notice contains information about how we use your data, and is available on our website, or a copy can be provided by our reception team.

Declaration & ID

I declare that the above information is true to the best of my knowledge and belief.

Signed _____ Date _____
Full name _____ Relationship to child _____

Please complete all parts of the registration form and return to the surgery with the child's **birth certificate** or **passport** as proof of identity. For newborns, copies of the **hospital discharge summary** including NHS number are required to register your baby.

Office use only

| | |
|--------------------|--|
| Date received | |
| Date added to EMIS | |