

# 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)			
		<a href="http://www.nhs.uk/find-nhs-number">www.nhs.uk/find-nhs-number</a>	
Previous address			
		Post code	
Previous GP surgery name and address			
		Post code	

## Ethnic background (please tick below)

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

First language*		Do they need a translator	Yes / No
*age dependent			
Country of birth		Date of entry to UK (if applicable)	

## 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. To avoid delays in supplying current medication please attach a prescription print out from your previous surgery. Alternatively please supply printed pictures of the labels on current medication.

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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

Do you have an Armed Forces background (please circle):

Armed Forces Veteran

Armed Forces Reservist

Member of an Armed Forces Family

Armed Forces Veterans, Reservists or members of an Armed Forces family have certain rights with respect to NHS services. More information about your rights is available here:

[www.nhs.uk/nhs-services/armed-forces-and-veterans-healthcare/](http://www.nhs.uk/nhs-services/armed-forces-and-veterans-healthcare/)

Does your child have a religious affiliation? If yes, please give details:

Yes / No

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

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

Yes / No

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Emergency contacts:

Name	Relationship	Contact numbers
1		
2		

## 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 your 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.

### For GP Practice Use Only

Date received		Received By		Location	
Form Checked		ID Checked		Checked By	
Medication list provided?					
Date scanned					
Date applied to EMIS					
Tick to select the codes applied	<b>Opt – Out - Dissent code:</b> 9Nu0 (827241000000103  Dissent from secondary use of general practitioner patient identifiable data (finding)  )				
	<b>Opt – In - Dissent withdrawal code:</b> 9Nu1 (827261000000102  Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)  ))				
SCR	<b>Emis registration screen updated</b>				
CHIE	<b>Emis registration screen updated</b>				