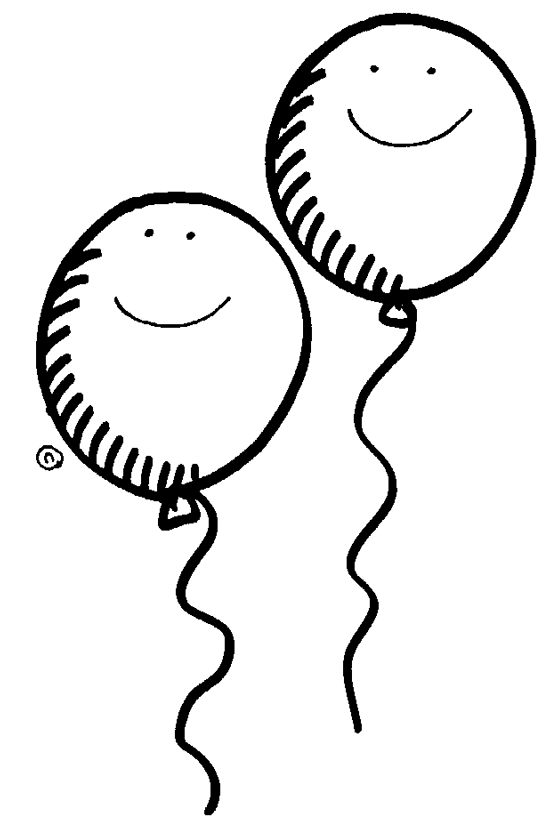
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**Welcome to Bredon Hill Surgery**

**Child Registration (Under 16)**

We need to make sure we have all the important contact information and health information about your child to register them. Please complete the following details clearly.

About **your child**

|  |  |
| --- | --- |
| **Surname:** | **Name of main contact:** |
| **Forename:** | **Mobile number of main contact:** |
| **Preferred name:** | **Home telephone number of main contact:** |
| **Gender: Male Female Non Specified** | **Any other contact details:** |
| **Address:** | **Date of Birth:** |
| **Place of Birth:** |
| **Previous Address:**  **Date from and to:** | |
| **Name and address of previous Doctor/Surgery:**  **Tel Number:** | **Name and address of Child Care/School (if applicable)** |
| **Arrival date in UK if moved from abroad and have never lived in the UK before:** | **If returning to the UK from abroad-**  **Date left UK:** |
| **Previous country of residence:** |
| **Date returned to the UK:** |
| **What is your child’s ethnicity?** | |
| **What is the main spoken language of your child?** | |
| **Do you require an interpreter? (Please circle) YES/NO** | |

**We have available at the Surgery information packs on where your Child can access Support Services if they so wish. Please contact the Surgery if you would like one of these packs.**

About **you (parent or guardian)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/guardian registering child:** | | | |
| **Mother’s name:**  **Mother living at the same address as child: Yes No**  **Mother registered at this Practice: Yes No** | | **If no please provide details if appropriate:** | |
| **Father’s name:**  **Father living at the same address as child: Yes No**  **Father registered at this Practice: Yes No** | | **If no please provide details if appropriate:** | |
| **Who is PRIMARY carer?**  **Mother Father Both Other** | | **If other please provide details if appropriate:** | |
| **Do you have a family Social Worker? If yes please provide details including if your child or their siblings are on a child protection plan or a child in need plan.** | | | |
| **Please list the names of others living within your household for example any siblings, relatives or friends.** | | | |
| **Any other information you feel is relevant to your child’s registration:** | | | |
| **SUMMARY CARE RECORDS : IMPORTANT - YOU MUST SELECT ONE OF THE FOLLOWING OPTIONS**  **The NHS Summary Care record is an electronic record of important information about your child’s health. The options below indicate the level of access you allow in sharing your child’s summary care record with other NHS professionals when it is required.** | | | |
| **Option 1:**  Express consent for medication, allergies and adverse reactions only. | **Option 2:**  Express consent for medication, allergies, adverse reactions AND additional information. | | **Option 3:**  Express dissent (opt out) – Patient does not want a Summary Care Record or needs more time to decide. |

|  |  |
| --- | --- |
| **Parent or Guardians Signature:** | **Date:** |

When a child reaches the age of 16 they are considered to be adult. Their health records and any preferences relating to their records should be managed independently. For information regarding the General Data Protection Regulations upheld by Bredon Hill Surgery please see the enclosed booklet or visit our website www.bredonsurgery@nhs.uk