Surgery Registration Application

Please complete this application form on behalf of a child under the age of 14 years wishing to register.
Please complete all applicable details in BLOCK CAPITALS & speak to Reception if you require any assistance.

Full Name:		**Date of birth:**
Address:		
Home Phone Number:	**Parents Mobile Number:**	**Childs Mobile Phone Number:**
Email address:	**Is the child a registered Donor?** □ organ donor □blood donor	
Next Of Kin **Name:** **Number**	**Parental Responsibility** **Name:** **Number:**	
Height:	**Weight:**	

Ethnicity: Please tick as appropriate

□ Bangladeshi □ Black African □ Black Caribbean □ Black Other □ Chinese □ Indian □ Pakistani □ Vietnamese □ White □ Other

Main language spoken _____ **Translator required** □ Yes □ No

Is the Child a Carer? If the child spends time looking after a relative; parent; sibling or friend who is frail, disabled or has a mental health difficulty, they are a carer.

□ Yes □ No

Name of person being cared for: Age:

Are they registered at this surgery? □ Yes □ No

Do they suffer from: □ Asthma □ Diabetes □ Epilepsy □ Heart Disease □ High blood pressure □ Any other condition which requires you to take life-long medication	**Please list any drug allergies:** *DISPENSARY* **Do they take regular medication?:** □ Yes □ No *Please see a member of staff at dispensary to discuss any medication requirements and bring along a copy of the repeat medication*

Please sign below on behalf of the child you are registering

Consent To Hold Your Records

The Practice needs to hold your medical records on the premises in order to give you the best medical care possible. We keep your records on the computer as well as holding your paper notes. All of our patient's medical records are covered by the Data Protection Act 1998. This means that a third party cannot access your records without your written consent. We may use your mobile phone to contact you for appointments reminders and cancellations, health promotions, surgery updates and surveys. If you did not wish to participate please tick the box and we shall opt you out of these preferences ☐

Preferred Method of Contact

Please inform us of your preferred method of contact by circling your choice below:

LETTER EMAIL SMS NO COMMUNICATION

Summary Care Record

Your summary care record is an electronic record of important information about your health and is available to healthcare staff providing your NHS care in England, for example in A&E. This means if you ever become ill and need urgent or out of hours treatment outside of the surgery the clinicians that treat you will have immediate access to important healthcare information about you. The information included in your summary care record is your current medication, allergies you suffer from and any bad reactions to medications you have experienced.

If you do not want this to happen then please ask reception for an Opt Out Form

SIGNATURE _____ DATE _____

PLEASE ATTACH COPY OF VACCINATION RECORD