



The Island Surgery

REGISTRATION FORM FOR CHILD OR YOUNG PERSON

ID IS REQUIRED FOR REGISTRATION WHICH CONFIRMS DATE OF BIRTH AND ADDRESS

Date form completed:	NHS Number (if known):
Details of child/young person being registered	
Forename(s):	Surname:
Date of Birth :	Sex: Male / Female
Current Address :	Contact Telephone Numbers
Post Code :	Home:
First language spoken:	Mobile:
Ethnic origin:	Religion:
Name of School/Nursery:	Place of birth:
Name and address of previous GP:	Has the child/young person been known by any other name : YES /NO If yes please give details:
	Previous address if from abroad:
	Date first came to UK:

Details of Child/young person's Main Carer		
First Name:	Surname:	
Current address (if different to child/young person):	Contact Telephone Numbers (if different from above)	
	Home:	
	Mobile:	
What is your relationship to the child/young person : (ie Mother, father - specify)	Consent to be contacted by text message YES/NO	
Does this child/young person live with both parents?	YES	NO
Is this child/young person adopted?	YES	NO
Is this child/young person fostered?	YES	NO

Please give details of parent not listed above

First Name:	Surname:	
Current address (if different to child/young person):	Contact Telephone Numbers (if different from above)	
	Home:	
	Mobile:	
What is their relationship to the child/young person : (ie Mother, father - specify)	Does the child/young person have contact with this parent? YES/NO	

PLEASE PROVIDE MEDICAL HISTORY OVERLEAF

FOR OFFICE USE ONLY:			
FORM OF ID SEEN TO CONFIRM DATE OF BIRTH:	FORM OF ID SEEN TO CONFIRM ADDRESS:	FORM SIGNED:	SEEN BY:

