Station Road Surgery

74 Station Road, West Wickham, Kent BR4 9LE

**CHILD (age 0-15yrs) NEW PATIENT REGISTRATION FORM**

**Please complete in BLOCK CAPITALS**

**and provide your child’s Red Book if they have had immunisations prior to joining this practice)**

PERSONAL DETAILS

Surname: Forename/s:

Calling name (if different to above, eg Bobby instead of Robert):

Any previous names used: ……………………………………..

Date of Birth: Town & country of birth:

Home Address:

……………………………………………………………….

Postcode: Home tel:

Name of school:

EMERGENCY CONTACT/NEXT OF KIN(who to contact in case of emergency, ie parent’s or guardian)

Name/s:

Relationship:

Home tel no:

Mobile no:

ETHNICITY

Please indicate your child’s ethnic origin by ticking one of the boxes:

British/mixed British  Any other Black background  Indian

Northern Irish/British Irish  White and Black Caribbean  Pakistani

Gypsy or Irish Traveller  White and Black African  Bangladeshi

Any other White background  White and Asian  Chinese

Caribbean  Any other mixed background  Any other Asian background

African  Prefer not to say

DATA SHARING

**Summary Care Record:** We will automatically create a Summary Care Record for your child on registration. This SCR will only be used in an emergency to access information about their medication and allergies. If you do NOT wish your child to have an SCR created, please complete an Opt Out Form, available from reception.

**Care Data:** If you do NOT wish your child’s medical information being extracted by NHS England/Health & Social Care Information Centre and/or being shared by them with other health and social care settings, please write to the surgery expressing your request for this not to happen, or ask for a form from reception.