

**1. Background Details**

| Child's Details |   |               |  |
|-----------------|---|---------------|--|
| NHS Number      | Don't know your NHS number?<br>Visit <a href="http://www.nhs.uk/find-nhs-number">www.nhs.uk/find-nhs-number</a> |               |  |
| Child Name      |   | Gender        |  |
| Address         |   | Date of Birth |  |
|                 |   | Home Tel:     |  |

| Parent or Guardian Details |  |               |  |
|----------------------------|--|---------------|--|
| Name                       |  | Relationship  |  |
| Address                    |  | Date of Birth |  |
|                            |  | Home Tel:     |  |
|                            |  | *Mobile Tel:  |  |
|                            |  | **Email:      |  |

\*Do you consent to being contacted by SMS on this number?     Yes     No

\*\*Do you consent to being contacted by email at this address?     Yes     No

It is your responsibility to keep us updated with any changes to your contact details. If your details change once you are registered, please let a member of the Reception team know or complete the *Change of Personal Details* form on our website.

**2. Prescriptions**

| Electronic Prescribing   |           |
|--|-----------|
| If you would like your child's prescriptions to be sent electronically to a pharmacy, please provide the details of the pharmacy you would like to use | Pharmacy: |

| Parent or Guardian Signature |  |
|------------------------------|--|
| Name                         |  |
| Date                         |  |
| Signature                    | I confirm that the information I have provided is true to the best of my knowledge |