REGISTRATION FORM FOR CHILD OR YOUNG PERSON (under 16)

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| Surgery Details:  **Riverside Health Centre, Station Road, Manningtree CO11 1AA**  Tel: 01206 397070 | | | Date form completed:  NHS Number if known: |
| **Details of child being registered** | | | |
| Surname: | | | Forename(s): |
| Date of Birth : | | | Sex: Male / Female |
| Current Address :  Post Code : | | | Contact details  Home Tel.:  Mobile No: |
| Name of School/Nursery  Is the patient home schooled? | | Has the child been known by any other name :  YES / NO  If yes please give details: | |
| Nationality: | | Does the child speak English: Yes / No  Main Spoken Language (if not English): | |
| **Details of Childs Main Carer i.e. who has LEGAL parental responsibility for this child? (a definition of Parental Responsibility is available on the last page of this form).** | | | |
| Surname: | First Name: | | |
| Current address (if different from child’s): | Contact details (if different from above): | | |
| What is your relationship to the child: (ie Mother/ Father) | Consent to be contacted by text message Yes/No | | |
| **Who else has** LEGAL **parental responsibility?** | | | |
| Surname: | | | First Name: |
| Current address (if different to child’s): | | | Contact details (if different to child) |
| What is your relationship to the child: (ie Mother/ Father) | | |  |

**Consent to share information**

Those with parental responsibility for children under the age of 11yrs will automatically have the right to access their child’s medical record and share information with medical professionals, as per current guidelines.

At this practice we will share medical records for children up to the age of 16yrs with those who have parental responsibility.

Above the age of 16yrs we will not release medical information even to those with parental responsibility unless express consent is given by the child.

However above the age of 13yrs children can request **not** to share medical information even to those with parental responsibility, if they have the capacity (understanding of the consequences of their decision) should they wish, except in the instance of safeguarding information (if a child was at risk of abuse or exploitation).

This request should be made in writing to the practice.

Please speak with reception should you require more information.

**PLEASE BRING YOUR CHILD’S BIRTH CERTIFICATE SO DETAILS FROM IT CAN BE RECORDED.**

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| **Families Receiving Additional Support (e.g. from social services)**  **Does your child have a social worker?** YES / NO  **Is your child on the child protection or child in need plan?** YES / NO  **Is the child in a care home or fostered?** YES / NO  (i.e. a looked after child)  If yes, please give details : | |
| **Does the child have any disabilities or distinguishing features**? YES / NO  If yes, please give details: | |
| **Please state any significant medical history** :  **Is the patient on any repeat medication**? YES / NO  If yes please give details:  **Does the child suffer from any allergies**? YES / NO  If yes please give details:  **Is there any significant family history**? e.g. Asthma/Heart conditions  **Are your child’s immunisations up to date?** YES / NO  ***Please bring your child’s red book so we can copy the immunisations.*** | |
| Is the child or young person a smoker? YES / NO | Does the child consume alcohol? YES / NO |
| Is the parent/guardian registered? | YES / NO |
| Parental Responsibility established? YES / NO | Form checked by: Date: |

**What is parental responsibility?**

A mother automatically has parental responsibility for her child from birth.

A birth father usually has parental responsibility if he’s either:

•married to the child’s mother

•listed on the birth certificate

**Civil partners**

Same-sex partners will both have parental responsibility if they were civil partners at the time of the fertility treatment, e.g. donor insemination or fertility treatment.

Mixed-sex civil partners will both have parental responsibility if they were mixed-sex civil partners at the time of the birth of the child.

For same-sex partners who are not civil partners or mixed-sex civil partners who were not licenced at the time of the birth of the child, or not named on the birth certification of the child, the 2nd parent can get parental responsibility by either:

• applying for parental responsibility if a parental agreement was made

•becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

**Private Fostering Arrangements**

A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

Whilst the day to day care of the child can be delegated to the private foster carer, parental responsibility remains with the parent.

**Proxy Access:**

Please ask the receptionist if you wish to have proxy access for a child or young person under the age of 16.