

**CHILD REGISTRATION FORM**

SURNAME .....FORENAMES.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE NUMBERS HOME..... MOBILE.....

DATE OF BIRTH..... SCHOOL ATTENDED.....

**VACCINATIONS:**

Has your child received the following vaccinations? (Please give dates, if known)

| Vaccine   | 1st Date | 2nd Date | 3rd Date | Pre-School<br>Booster |
|---|----------|----------|----------|-----------------------|
| Diphtheria<br>Tetanus<br>Whooping Cough<br>Polio<br>HIB |          |          |          |                       |
| Men C   |          |          |          |                       |
| Prevenar  |          |          |          |                       |
| Measles )<br>Mumps ) MMR<br>Rubella )                   |          |          |          |                       |

**ILLNESSES:** Have there been any serious illnesses or hospital admissions/operations?

Please give details.....

**MEDICATION:**

Please give full details of any tablets/medications taken regularly - and the reason for each

**ALLERGIES:** Is your child allergic to anything? Yes  No  Please give details:

**NEXT OF KIN/CARER DETAILS:**