Plas Meddyg Surgey
40 Parkhill Road, Bexley, Kent, DA5 1HU

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 Booster
Diphtheria Tetanus Whooping Cough Polio HIB				
Men C				
Prevenar				
Measles) Mumps) MMR Rubella)				

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

Please give details.....

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MEDICATION:

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

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

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NEXT OF KIN/CARER DETAILS**:**

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