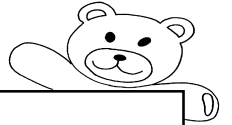
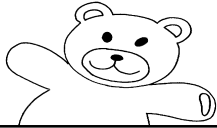




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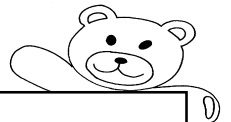
Childrens Registration/Health Questionnaire

Child's Details



Forenames..... Surname.....
Date of Birth..... Sex :(Please tick) Male [] Female []
Town(Borough) and Country of Birth.....
Parents/Carer's Name.....
Contact no: Home..... Mobile.....
Email.....
Ethnicity..... Preferred Language.....
I am giving my consent to contact me regarding my child by either
Telephone **Yes** [] **NO** [] Email **Yes** [] **NO** [] Text Msg **Yes** [] **NO** []
(Admin staff please enter the read code **9NdP** for **Yes** and **9NdQ** for **NO**)

School's Details



Please tick your child's current status of schools as in the details below:
Registered [] On the waiting list [] If Registered, Please fill up the details below
Name of School.....
Address.....
Name of School Nurse.....
Contact Number.....

Immunisations



Name of Vaccine	Date Given	Name of Vaccine	Date Given