

## CHILDREN'S REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

N.H.S. No: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

School Attended: \_\_\_\_\_

Current Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Serious Illness: \_\_\_\_\_

Past Serious Illness: \_\_\_\_\_

Family History of Serious Illness:

Father:

Mother:

Brother:

Sister:

Vaccinations: If possible, please provide Red Book for Vaccination details.