

# Highbridge Medical Centre

Pepperall Road, Highbridge, Somerset, TA9 3YA  
01278 783220



**Registration form for children aged 16 and under. Please bring either a red book/passport/birth certificate at the time of registration.**

**Please complete in BLOCK CAPITALS and tick the boxes as appropriate**

<b>Mr / Miss</b>	
<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Male/Female</b>	
<b>Place of Birth</b>	
<b>NHS Number</b>	
<b>Ethnic Origin</b>	
<b>Main Spoken Language</b>	
<b>Current Address</b>	
<b>Home Phone Number</b>	
<b>Mobile Number</b>	
<b>Name and contact number of Parent or Guardian</b>	

## **Summary Care Record**

The NHS are changing the way your health information is stored and managed. The summary care record is an electronic record of important information about your health. Are you happy to consent for your records to be uploaded and used in case of an emergency.

**Yes / No**

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## **Do you have regular medication?**

If you have regular medication we are able to nominate and send your prescriptions directly to your choice of pharmacy. Please select from the below;

Lloyds Pepperall Road, Highbridge	Lloyds Market Street, Highbridge
Boots High Street, Burnham-On-Sea	Well Victoria Street, Burnham-On-Sea
Day Lewis Love Lane, Burnham-On-Sea	Day Lewis, Berrow Medical Centre
Tesco Ben Travers Way, Burnham-On-Sea	

**Thank you for completing this form**  
**For more information about the services we offer, please see our website:**  
[www.highbridgemc.co.uk](http://www.highbridgemc.co.uk)

**Please sign below to confirm that you are happy for Highbridge Medical Centre to contact you on the numbers given and that you have read full and understood the above information you have answered.**

**Signature of parent/guardian - .....**

**Date - ...../...../.....**

