

# Health Record Booklet for Child in Care

Case Identification Number

Full Legal Name

Known as

Date of Birth

DAY

MONTH

YEAR

Hospital of Birth

BLOCK CAPITALS PLEASE

## SECTION 1

Chronological List of Addresses of Child including  
Parental Home and Placements in Care—continued

Date	Name and Address
27.8.97	LEWIS DUNCAN 30 Frew Terrace Irvine
27.8.97	LEWIS DUNCAN c/o Dalrymple Place Children's Unit Dalrymple Place Irvine

# Authority for Medical Treatment

I hereby give my consent to such medical and dental treatment as may be recommended by a qualified medical or dental practitioner for:

Name of Child

Lewis Duncan

Address

30 Frew Terrace  
Irvine

I additionally give my consent that the person/persons who has/have care of my child should have free access to all medical and dental information which has been given by a qualified practitioner and is relevant to his/her health.

\* I agree to the child named above, receiving at the appropriate times protection against the following diseases

\*\* Diphtheria: Whooping Cough: Tetanus: Poliomyellitis: MMR (Measles, Mumps, Rubella)

\*\* Delete any not required and ring those required.

Signed

Duncan.

Date

27.8.97

Address

30 Frew Terrace  
Irvine.

(Father, Mother, Legal Guardian) District Manager or Delegated Person

Witness

Baroline Gammie

Date

27.8.97

Designation

Social Worker

Address

Bridgewater House  
Irvine

Witness

May Smith.

Date

27.8.97.

Designation

Project Manager

Address

24A Kilwinning Rd.,  
IRVINE.

Forms A, B & C should be completed as appropriate: See CONSENTS.