**Parent** **/** **Guardian** **Registration** **Form** **(Version** **1.3)**

Please explain to the Parent/Guardian that their data information is collected in line with the Data Protection act 1998.

 All personal data held by this scheme will be collected, used and stored securely in line with the Data Protection Act 1998.

 The data will be stored in a way that means that details of individuals cannot be directly identified.

 All information will be treated confidentially.

I understand the above and give consent for my data to be held and non-identifiable data to be shared with relevant agencies for purposes of evaluation of this service.

(Client to tick and sign) \* Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required fields are denoted by a red \*.

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Vitamins Distribution Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Card** **Number:** | | **Date** **Distributed:** **/** **/** | | |
| **Are** **you** **on** **the** **Healthy** **Start** **scheme?** | | [ ] Yes [ ] No | | |
| **Coupon(s)** **collected?** | | [ ] Yes [ ] No | | |
| **Parent** **Vitamins** | | | | |
| **Amount** [ ] | **Type** [ ] Pregnancy Vitamins [ ] Post Pregnancy Vitamins | | | |
| **Child** **Drops** | | | | |
| **Initial** **and** **Surname** | **Ethnicity** | | **Date** **of** **Birth** | **Drops** |
|  |  | | **/** **/** |  |
|  |  | | **/** **/** |  |
|  |  | | **/** **/** |  |
|  |  | | **/** **/** |  |
|  |  | | **/** **/** |  |

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