

FORM (No. 4.)

The Admission and Discharge Book.

DOWNLANDS SEA-SIDE INFIRMARY FOR CHILDREN, ROTTINGDEAN.

ADMISSION.

Number on Admission.	Year and Day of the Month.	Day of the Week.	Name.	Sex.	Age.	Description.	Name and Address of nearest Relation.	From whence admitted.	Date of the Order of Admission.	Observations on Condition at the Time of Admission, and any other General Remarks.

DISCHARGE OR DEATH.

Year and Day of the Month.	Day of the Week.	Number on Admission.	Name.	How Discharged ; and if by Order, by whose Order.	In case of Death, state the cause.	Observations on general Health, Character, and Behaviour.

FORM (No. 5.)

Register of Religious Creed.

DOWNLANDS SEA-SIDE INFIRMARY FOR CHILDREN, ROTTINGDEAN.

Name.		Date of Admission.	Number on Admission.	From what Union or Parish admitted.	* Religious Creed.	Date of Discharge or Death.
Christian Name.	Surname.					

* This information must be obtained from the Order of Admission.

FORM (No. 6.)

DOWNLANDS SEA-SIDE INFIRMARY FOR CHILDREN, ROTTINGDEAN.

Half-yearly Statement of the Medical Officer.

To the Local Government Board.

STATEMENT of the MEDICAL OFFICER for the above-named Establishment for the half-year ended on the _____ day of _____ 18____, in answer to the following inquiries in reference to the said Establishment.

1. Is there sufficient ventilation and warmth?
2. Has the accommodation during the preceding six months for the several classes of children been sufficient?
3. Are the arrangements for cooking and distribution of food satisfactory?
And has the food been of good quality?
4. Is the nursing satisfactorily performed?
5. Is there a sufficient supply of towels, vessels, bedding, clothing, and other conveniences for the use of the children?

6. Are the medical appliances sufficient and in good order?

7. Are the lavatories and baths sufficient and in good order?

And to what extent has sea-bathing formed a part of the treatment?

8. Are the supply and distribution of hot and cold water sufficiently provided for?

9. State the number discharged during the half-year :—

- (a.) Cured
- (b.) Improved
- (c.) Unchanged

10. State the names of the children who have died during the half-year, with the cause of death in each case.

11. State the present number of the children in the Establishment, and the number who have remained in it for more than one year.

(Signed) _____ Medical Officer,

this _____ day of _____ 18 ..