

## FORM (No. 2.)

\_\_\_\_\_ UNION [PARISH].

No. \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 18 .

To the Proprietor of the Downlands Sea-side Infirmary for Children at Rottingdean.

Admit the Child named and described below.

(Signed) \_\_\_\_\_

Clerk to the Board of Guardians.

Name.	Sex.	Age.	Description.*	Religious Creed		Name and Address of the Nearest Relation.
				Of the Father.	Of the Mother.	

\* Insert "Orphan," "Deserted," "or Parent(s) in Workhouse," as the case may be; and where illegitimate, state so.

I hereby certify that I have this day examined the above-named Child, and find such Child to be suffering from or affected with

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 18 .

(Signed) \_\_\_\_\_

Medical Officer of the above-named Union [Parish].

## FORM (No. 3.)

## Table of Diets.

## DOWNLANDS SEA-SIDE INFIRMARY FOR CHILDREN, ROTTINGDEAN.

Articles.	Full Diet.	Ordinary Diet.	Low Diet.
Breakfast ... .. (articles)	(quantities.)	(quantities.)	(quantities.)
Dinner ... .. (articles)	(quantities.)	(quantities.)	(quantities.)
Supper ... .. (articles)	(quantities.)	(quantities.)	(quantities.)

Extras as ordered by the Medical Officer.

Quantities per Diem allowed to each Child according to the above Table.

Articles.	Full Diet.	Ordinary Diet.	Low Diet.
	(quantities.)	(quantities.)	(quantities.)

\_\_\_\_\_ Medical Officer,

\_\_\_\_\_ day of \_\_\_\_\_, 18 .