



Proxy Application for parental access to the Child Aged 0 - 10 years

Note: This form is specifically for applications from the parent/guardian of a child aged 0-10 years. From the age of 11, online access to the patient’s record will be **switched off** and neither the parent nor the child will have access. A young person can apply in their own right to access their medical record following their sixteenth birthday. The parent/guardian applying for access will be required to prove their own identity as well as the children, and to provide proof of parental rights.

Child’s details (this should be completed by the parent/guardian on behalf of the child)

Surname	First name
Date of birth	
Address	

Parent/guardian’s details

Surname	First name
Date of birth	
Address	
Are you registered at the practice?	Y/N

I wish to have access to the following online services for my child’s record (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>

I wish to access my child’s medical record online and understand and agree with each statement (please tick – you must agree to all):

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. I understand that the practice has the right to refuse access to my online record, should access not be considered in my best interests (see leaflet).	<input type="checkbox"/>
7. I understand that the practice has the right to remove online access to services from anyone who does not use them responsibly.	<input type="checkbox"/>
Signature	Date

For practice use only

Identity verified and password created by	Date	Photo ID and proof of residence <input type="checkbox"/> Vouching <input type="checkbox"/>
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