**Child Details**

|  |  |  |
| --- | --- | --- |
| Surname: | | Date of birth: |
| First name: | | |
| Address: | | |
| Postcode: | Telephone number: | |

Put a tick in the boxes below 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I wish to access the following below services on behalf of the above-named Child.**   |  |  |  | | --- | --- | --- | | **Help button** | I want the GP practice to let me manage the Child’s health online |  | | Person sat thinking on question mark | I know that I can change my mind or add/change the access arrangements for the Child at any time |  | | thumbs up sign | I understand the risks of allowing someone else to have access to the Child’s health records |  | | Calendar | I want to book the Child’s appointments |  | | Medicines | I want to order the Child’s medicines |  | | Contact icons | I want to be able to update the Child’s contact details |  | | person on a computer | I want secure online access to all of the Child’s electronic GP records |  |   **I have parental responsibility for the Child**  **Continued…**  **Please tick one of the below:**   * I am the birth mother * I am the birth father and married to the mother at the time of child’s birth or subsequently * I am the birth father and *not* married to the mother, but the child   + was born after 01/12/2003 *and*   + my name is on the birth certificate * I am an adoptive parent * I am the child’s legal guardian * I have court-appointed parental responsibility * Other – please specify: |

**PROXY DETAILS – enter your own details below**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Tel. No:** |  |
| **Email address:** |  |
|  | **Are you already registered at Hillview Family Practice for  GP online services?**   * **Yes** * **No** |
| * I will be responsible for the security of the information that I see or download * If I choose to share information with anyone else, this is at my own risk * I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement * If I see information in the record that is not about the Child or inaccurate, I will contact the practice as soon as possible | |
| **Signature:** |  |
| **Date:** |  |

***For Reception use: ID FOR BOTH PARTIES REQUIRED***

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient NHS number:** | | **PATIENT SYSTEM ID number:** | **GP:** |
| **Identity verified by**  **(FULL NAME):**    **Sign:**  **Date:** | **Patient ID: Tick all that apply:**  **Personal vouching 🞏**  **Vouching with information in record 🞏 Birth Certificate or Red Book 🞏** | | |
| **PROXY ID: Tick all that apply:**  **Personal vouching 🞏**  **Vouching with information in record 🞏 Birth Certificate 🞏**  **Passport or Photo Driving Licence 🞏**  **Proof of residence 🞏** | | |

**Information for those with PROXY access**

* Remind proxy that the patient’s GP *might* need to discuss this application further with them
* Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly
* Otherwise, proxy access will be automatically activated once GP has approved application
* I understand that Proxy access to a child’s record will be removed at the age of 11, to continue to receive proxy access to a child’s record over the age of 11, the child must be deemed competent and provide consent.
* If the child is deemed to not ever be competent the parent may retain proxy access to the child’s record, legal documentation may be required.