13-16 year old contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | | |
| Mobile telephone number: |  | Home telephone number: |  | |

If your parent or guardian has been given “proxy access” to your online medical records, for 0-12 year olds parents can request with parental responsibility, this ends at 13 but with your consent and signature we can extend this from 13-16, This can be stopped by you at any time. Then this access will be revoked once you reach the age of 16, and you will need to come into the surgery with photo ID if you would like access to Online Services on your own behalf.

I can confirm that I give consent for my parent/guardian to have “proxy access” to my online services

I confirm that the above contact details are my own personal contact details

I confirm that the above contact details belong to my parent/guardian but that I give consent for that person to be contacted regarding my health and that I will inform the surgery when I want this information updated.

Dated ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by *(staff member)* ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_