



## CHILDREN'S PROXY ACCESS REQUEST FORM

All children under the age of 11 are assumed to lack capacity to consent to proxy access. Those with parental responsibility or legal guardianship for the child can apply for proxy access to their children's medical records. Proxy access will automatically be turned off when a child reaches the age of 11.

Some children aged 11 to 13 have the capacity and understanding required for decision-making with regards to access to their medical records and should therefore be consulted and have their confidence respected.

Patients over the age 13 (under UK Data Protection Act 2018) are assumed to have mental capacity to consent to proxy access. Proxy access will automatically be turned off when a child reaches the age of 16.

### Section 1.

Child's Surname:	Child's DOB:
Child's First name:	Child's NHS Number:
Child's Address:	

### Section 2.

Parent/Guardian Surname:	
Parent/Guardian First name:	
Relationship to Child:	
Address:	
Telephone number:	Mobile number:

### I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	
2. Requesting repeat prescriptions	
3. Detailed coded record	

Parent/Guardian Signature:	Date:
<b>If Child is over the age of 13:</b> I give my consent for the above named person in Section 2. to have online proxy access to my medical record. I understand that I can request to have this access removed at any time.	Date:
Child Signature:	

**For Practice use only**

<b>Child Identity verified by:</b>	Initials	<b>Method</b>  Birth certificate <input type="checkbox"/> Court order or Guardianship <input type="checkbox"/>
	Date	

<b>Parental Guardian identity &amp; parental responsibility verified by:</b>	Initials	<b>Method</b>  Birth certificate (full version) <input type="checkbox"/> Photo ID of parent or guardian <input type="checkbox"/> Proof of residence <input type="checkbox"/> Court order or Guardianship <input type="checkbox"/>
	Date	
		Other

<b>Level of record access enabled</b> Booking appointments <input type="checkbox"/> Requesting repeat prescriptions <input type="checkbox"/> Detailed coded record <input type="checkbox"/>	<b>Comments</b>
<b>Access end date set</b> Yes/No	<b>End date</b>
<b>Parent/Guardian informed proxy access granted</b> Yes/No	