LANGTHORNE HEALTH CENTRE
13 LANGTHORNE ROAD
LONDON
E11 4HX
TELEPHONE NUMBER: 0208 539 2585



L.L. MEDICAL CARE LTD (AGARWAL & AGRAWAL PRACTICE)

CONSENT FOR TREATMENT OF A CHILD UNDER THE AGE OF 16 YEARS BROUGHT TO THE SURGERY ON BEHALF OF PARENT/ GUARDIAN / PERSON WITH LEGAL PARENTAL RESPONSIBILITY

Patient details:		
Surname		
First names		
Date of birth		Male/Female
Allergies (please $$):	□ None	□ Please list
I am the *Parent / Guardian / Person with Legal Parental Responsibility for the above named patient and hereby consent to the following person bringing them to L.L. Medical Care LTD (Agarwal & Agrawal Practice) for (Please $\sqrt{\ }$):		
Review		
Treatment \square		
Vaccinations		
Name:(Person bringing the child to		nship
_	•	ame) Parental responsibility
* Delete as applicable	Date:	

PLEASE NOTE:

A NEW FORM IS REQUIRED EACH TIME YOUR CHILD IS SEEN

The information you supply us will be used lawfully, in accordance with the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018. the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018 gives you the right to know what information is held about you and sets out the rules to make sure that this information is handled properly.