Proxy Access Application Form A

For children aged under 11 years

This form is specifically for children living at a different address to the parent/carer requesting access, or where the parent/carer is not a registered patient at the surgery

Child's Details Application for access to this patient's online services						
Name:			Date of Birth:			
Address:						
Parent/Carer Details Applying for access to online services of patient named above We need these details to be able to trace your existing online user account						
Family Name:			Given Name:			
Mr 🗌 Mrs 🗌 or		Male Female or		Date of Birth:		
Address:						
Registered at: Practice						
Email address: [please print]						
Consent to email registration details* (<i>if registered at another practice</i>)						
Relationship to Mother Father Other family member patient above: Carer						

Proxy access will be given to:

Signature of

parent/carer:

- Book/cancel appointments
- Request repeat medication
- View the core medical record (medication & allergies)
- View immunisations information

If you are registered with us, access will be added to your existing Online Services account – you will be able to switch to child/cared for person's account via Linked Users (in drop-down menu under your name). If you are registered elsewhere, we will email you the registration document you need in order to link your account to our practice patient.

Date:

Please hand this form to reception – if your request is not actioned within 1 week then please contact us

Identity Verification: Practice use only (staff member to complete when giving registration details to patient)

Identity verified by	Responsibility for child verified
Staff Member Name:	Parent/Carer ID seen
Signature:	Child's passport/birth certificate seen 🗌