

Consent Form for Online Proxy Access (Ages 11-15)

Patient Details (Child)

- Full Name: _____
- Date of Birth: _____
- NHS Number (if known): _____
- Address: _____
- Phone Number: _____

Parent/Guardian Details (Requestor)

- Full Name: _____
- Relationship to Patient: _____
- Phone Number: _____
- Email Address: _____

Requested Access Type

(Please tick the relevant option)

- Appointment booking
 - Prescription requests
 - Viewing medical records (including test results and consultation notes)
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To be completed by the Patient (Child)

(For ages 11-15 only. If you do not understand, ask your GP or a healthcare professional for help.)

1. Do you understand what online proxy access means?

- Yes
- No

2. Do you agree to your parent/guardian having access to your GP records?

- Yes, I give consent for my parent/guardian to have proxy access.
- No, I do not give consent for my parent/guardian to have proxy access.

Patient's Signature: _____

Date: _____



To be completed by the GP Practice

Gillick Competency Assessment

- The child has been assessed as **Gillick competent** and has:
 - Given consent for parental access
 - Declined consent for parental access

- The child is **not Gillick competent**, and access is granted to the parent/guardian in the child's best interest.

GP/Healthcare Professional Declaration

- Proxy access granted
- Proxy access denied

Reason (if denied): _____

Authorizing GP/Staff Name: _____

Signature: _____

Date: _____