

Parent/Guardian Proxy Access Request Form

Patient Details:

- **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:** _____

Access Request:

I request online proxy access to the GP records of the above-named patient through [NHS App/NHS website/other online services].

Please indicate the type of access required:

- Appointment booking
- Prescription requests
- Viewing medical records (including test results and consultation notes)

Consent and Competency (For Ages 11-15):

- 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.

Consent (For Ages 16 and Over):

- I, [Young Person's Name], give explicit consent for my parent/guardian to have proxy access to my GP records.
- I do not consent to my parent/guardian having access to my records.

Declaration:

I understand that:

- Proxy access may be revoked by the patient at any time.
- GP practices have the right to review and withdraw access if necessary.
- I will use the access responsibly and only for the benefit of the patient.

Signature of Parent/Guardian: _____

Date: _____

Signature of Patient (if required): _____

Date: _____

For GP Practice Use Only

Access granted Access declined

Reason (if declined): _____

Authorizing GP/Staff Name: _____

Signature: _____

Date: _____