



## Registration Form Access to GP Online Services For children aged 11 - 15

### 1) PATIENT aged 11-15 DETAILS

Surname:	Date of birth:
First name:	Age:
Address:	
Postcode:	
Mobile Number:	Telephone number:
Email Address:	

Children aged 11 – 15 can:

- Access their own GP services online
- Allow a parent/carer/guardian access to some or all services (proxy access)
- Allow a combination of 1) + 2)

**The child's GP may need to discuss online access with him/her  
and/or any proxy applying for access on the child's behalf**

### 2) ACCESSING YOUR OWN ONLINE SERVICES

*I would like access to the following services*

*(leave all unticked, and do not sign, if you do not want your own access but just allow proxy access)*

Booking my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Access to my Core Summary Record (medications and allergies)	<input type="checkbox"/>
Accessing my detailed coded medical records	<input type="checkbox"/>

- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is not about me, or inaccurate, I will contact the practice as soon as possible

**Signature:  
(of child)**

**Date:**

**You can choose which services to allow your parent/guardian/carer (PROXY USER) to be able to access online**

- I hereby give permission to my GP practice to give the person(s) listed below proxy access to the following services on my behalf (please tick):

Booking my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Access to my Core Summary Record (medications and allergies)	<input type="checkbox"/>
Accessing my detailed coded medical records	<input type="checkbox"/>

- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have proxy access to my health records, should I have authorised this
- 

Signature:  
(of child)

Date:

If the child is unable to provide informed consent to proxy access, please indicate why:

## PROXY USER(S)

- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is not about the child, or inaccurate, I will contact the practice as soon as possible

### PROXY USER 1 DETAILS

Full Name:	
DOB:	
Address:	
Mobile No.	
Telephone No.	
Email address:	
	<p>Are you already registered at Oakfield Health Centre for GP online services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Relationship to patient:	
Signature:	
Date:	

### PROXY USER 2 DETAILS

Full Name:	
DOB:	
Address:	
Mobile No.	
Telephone No.	
Email address:	
	<p>Are you already registered at Oakfield Health Centre for GP online services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Relationship to patient:	
Signature:	
Date:	

**For Reception use: ID FOR ALL PARTIES REQUIRED**

Patient NHS number	EMIS ID number	GP
Identity verified by (FULL NAME):  Sign:  Date:	<b>Patient ID: Tick all that apply:</b>  <div style="text-align: right;">             Personal vouching <input type="checkbox"/>              Vouching with information in record <input type="checkbox"/>              Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/>              Proof of residence <input type="checkbox"/> </div>	
Identity verified by (FULL NAME):  Sign:  Date:	<b>PROXY 1: Tick all that apply:</b>  <div style="text-align: right;">             Personal vouching <input type="checkbox"/>              Vouching with information in record <input type="checkbox"/>              Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/>              Proof of residence <input type="checkbox"/> </div> Does this proxy have *PARENTAL RESPONSIBILITY? <input type="checkbox"/>	
Identity verified by (FULL NAME):  Sign:  Date:	<b>PROXY 2: Tick all that apply:</b>  <div style="text-align: right;">             Personal vouching <input type="checkbox"/>              Vouching with information in record <input type="checkbox"/>              Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/>              Proof of residence <input type="checkbox"/> </div> Does this proxy have *PARENTAL RESPONSIBILITY? <input type="checkbox"/>	

*\*Parental responsibility:*

- If the birth mother
- If the birth father and married to the mother at the time of child's birth or subsequently
- If the birth father and *not* married to the mother, but the child
  - was born after 01/12/2003 *and*
  - father's name is on the birth certificate
- If an adoptive parent
- If the child's legal guardian
- If has court-appointed parental responsibility