

Please complete this form in block capitals and tick as appropriate

Parent/Guardian Details

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	
Mobile number	
Select your preferred method of contact: Text / Email/ Letter (please delete as appropriate)	
Do you already have a SystmOnline account of your own?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Child's Details

Surname	Date of birth
First name	
Address (tick if same as above) <input type="checkbox"/>	
Postcode	
Email address	

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
View my summary care record (medications, allergies and sensitivities)	<input type="checkbox"/>

I wish to access this medical record online and understand and agree with each statement (tick):

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
I will not share this information with anyone else	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that this account has been accessed without permission	<input type="checkbox"/>
If I see information in this record that is about someone else or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Proxy access will cease automatically when the child reaches 11 years of age

Signature	Date
-----------	------

For practice use only

Patients NHS number (Childs)	
Parent/Guardian Identity verified by (initials)	Date
Method of ID <input type="checkbox"/> Photo ID and proof of residence <small>(passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider.(Note: a photographic driving licence will suffice for both photo ID AND proof of address)</small>	
Child's Identity verified by (initials)	Date
Method of ID <input type="checkbox"/> Photo ID and proof of residence <small>(passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider.(Note: a photographic driving licence will suffice for both photo ID AND proof of address)</small>	
Relationship to child verified by (initials)	Method
Level of record access enabled: Standard Access <input type="checkbox"/> Access Declined <input type="checkbox"/>	Reason for decline: Insufficient ID <input type="checkbox"/> Referred to GP <input type="checkbox"/>
Completed by (initials)	Date