

**The Tile House Surgery**

**System Online Registration 12 – 15yrs**

To enable you to have access to a childs online SystmOne account allowing you to request repeat prescriptions and book appointments and view medical records we require you to complete this form and provide the childs birth certificate.

**Details of Person filling in the form**

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| --- | --- |
| What relationship do you have to this child(e.g. Parent, Step Parent, Guardian, Foster Carer):  | First Name:Surname:Address: |
| **Child’s Details** |
| First Name: | Surname: |
| Date of Birth: | Sex: Male / Female |
| Address: Post Code :  | Home Tel.:Mobile No: |
| **Family Details** |
| Mothers full name:DOB: | Fathers full name:DOB: |

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| **Who has Parental Responsibility?** |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Office use** |
| **Has the identity been checked?****Tick:**Birth Certificate | Yes 🗌 No 🗌Yes 🗌 No 🗌 |
| **Has Parental Responsibility been established?****Tick which one:**Birth certificateLetter from Solicitor | Yes 🗌 No 🗌Yes 🗌 No 🗌Yes 🗌 No 🗌 |
| **Please state who has parental responsibility:**Ensure this is recorded in SystmOne |  |
| **State the name of the person being given the proxy access** |  |
| **Online Registration 12 -15 years has been set up** **Read code** (consent – Xabui) - Note who has been given the access | Yes 🗌 No 🗌Yes 🗌 No 🗌 |
| **Who checked the form?****Date:** |  |

NB – If the child is Gillick competent and wants their own access to Online then they will need to fill out the adult online form