

**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**

|  |  |
| --- | --- |
| 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 certificate  Letter 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