

Hardwicke House Group Practice

PROXY ACCESS Request form for parents/guardians of UNDER 16's

I, _____ D.O.B _____
would like to have proxy access to the following people's record:

Name	DOB	Relationship to the child (Mum, Dad, legal guardian)

I confirm my relationship to them is as above.

Signed _____ Date _____

For practice use only

Identity verified by (full name)	Date	ID seen <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence
Proxy access authorised by		Date
Date account created		