**GDPR Patient Consent Form**

*(For another person to have permission to collect prescriptions /sick notes / documents / make or cancel appointments)*

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| **Patient’s Details**(The person whose records another individual(s) is to be given permission to) |
| Surname: |
| First Names: |
| Date of Birth: | Gender: |
| Address: |
| Tel No: |
| **Details of person(s) to be given permission to collect this Patient’s information** |
| Full Name:**I.D. will need to be shown at each collection.** |
| Address: |
| Telephone Number:  |
| *If more than one person is to be given permissions then please list the details for each additional person below.* |
| Full Name: | Full Name: |
| Address and Contact Number: | Address and Contact Number: |
| **Please detail below if the above permission is to be limited in any way**  |
|  |
| **I confirm that I give permission for the Practice to give the relevant information to the person(s) identified.** |
| Signature: | Date: |

**Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).

Signature:…………………………………………………………………………………..…..

Full Name:.……………………………………………………………………………….…….

Address (if not the same as patient):

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