

**The Tile House Surgery**

**System Online Registration 0 – 11yrs**

To enable you to have access to your childs online SystmOne account allowing you to request repeat prescriptions, book appointments and view medical records we require you to complete this form and provide your 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: (if different from above)  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 0-11 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:** |  |