

I **do** / **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the ‘Yes! I want to share my medical records; Give permission to share your medical records!’ leaflet.

# GP or pharmacy details

|  |  |  |
| --- | --- | --- |
| **Which healthcare provider does the form concern?**  **(Healthcare provider 1)** | **🞏 my GP**  **🞏 my pharmacy** | **🞏 YES**  **🞏 NO** |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode and town:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Which healthcare provider does the form concern?**  **(Healthcare provider 2)** | **🞏 my GP**  **🞏 my pharmacy** | **🞏 YES**  **🞏 NO** |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode and town:** |  |
|  |  |

# My details Do not forget to sign the form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Address:** |  | | | | |
| **Postcode and town:** |  | | | | |
| **Date of birth:** |  | **Signature:** |  | | |
|  |  | **Date:** |  | | |
|  |  |  |  |  |  |

# Do you wish to arrange permission for your children?

* For children up to age 12: the parent or guardian gives permission. Please use this form.
* For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
* Children aged 16 and over need to give permission themselves and fill-out their own form.

# Details of my children

Complete the below details of the children with respect to whom you wish to give permission. **Do not forget your own signature.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Date of birth:** |  | **Signature:** |  | **🞏 YES** | **🞏 NO** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | **Initials:** |  | **🞏 M** | **🞏 F** |
| **Date of birth:** |  | **Signature:** |  | **🞏 YES** | **🞏 NO** |
|  |  |  |  |  |  |

**Do you have more than two children? Please complete a new permission form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature parent**  **or legal guardian::** |  | **Date:** |  |
|  |  |  |