## Larkside Practice Churchfield Medical Centre, 322 Crawley Green Road Luton, Beds, LU2 9SB

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## Patient Consent Form (UNDER 16 YEAR OLDS) For another person to access/discuss their medical records

## 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 she/he/they will be competent to give consent for him/her/themselves.

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/her/themselves, someone with parental responsibility should do so on his/her/their behalf by signing this form below.

## Patient's Details:

(The person whose records another individual(s) is to be given access to)

Title	
First Name	
Middle Name if any	
Last Name	
Previous Surname	
Date of Birth	
Gender	
Address	
Postcode	
Home Number	
Mobile Number	
Email Address	

Details of the person to	be given access to	the Patient's information:		
Title				
First Name				
Last Name				
Relationship to Patient (please note if Next of Kin or Carer)				
Date of Birth				
Home Number				
Mobile Number				
Email Address				
Photo ID – to confirm the details above. Driving Licence, Passport, etc.	Please note the num	ber on the document		
		mited in any way (e.g. only for test results, or for a specified time period only)		
<u>Declaration</u>				
I confirm that I give permisabove in regard to my me		e to communicate with the person(s) identified		
Relationship to patient (delete as appropriate)		Patient/Parent/Guardian		
Print Name				
Sign				
Date				

This document will be saved on your medical record

The patient may ask for the consent to be removed at any time.