

## Application for Parental/Guardian Proxy Access to online services

### Parent/Guardian Details

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number
Do you already have a S1 online services account of your own?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Child's Details

Surname	Date of birth
First name	
Address (If different from applicant)	
Postcode	
Your Relationship to the Patient:	

I wish to have proxy access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>

I understand that this proxy access will cease automatically when the child reaches 11 years of age.

Signature:	Date:
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### For practice use only

Patient NHS number		Practice computer ID number	
Parent /Guardian Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
Proxy Access <input type="checkbox"/>			