|  |  |
| --- | --- |
| **CHILDS NAME** |  |
| **PARENTS NAME** |  |
| **CHILD ADDRESS** |  |
| **CHILD DOB** |  |

 **REQUEST TO ACCESS: ACCESS GIVEN:**

****

**Book Appointments:**

**Cancel Appointments:**

**Request repeat medication:**

**PARENT DECLARATION**

**I agree that I will not disclose my user log in details to any other person**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFF USE ONLY**

BIRTH CERTIFICATE CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAMES ON BIRTH CERTIFICATE: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_

**PLEASE NOTE A COPY OF YOUR CHILDS BIRTH CERTIFICATE WILL BE TAKEN FOR OUR RECORDS**