**Parental Authority Form (All Appointments)**

**Child’s name: Child’s date of birth:**

**Child’s address:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of adult with parental responsibility for this child** | **Relationship to the child** | **Adult’s Date of Birth** | **Address of adult with parental responsibility** | **I declare that I have legal parental responsibility for this child (please sign)** |
|  |  |  |  |  |

Sometimes you may be unable to attend a medical appointment with the above named child. In this case you may wish to send the child to an appointment at The Walcote Practice with an adult who does not have legal parental responsibility, eg a family member, a childcarer or a friend. We require your parental authority for such appointments. You are able to give your permission by completing the remainder of this form. Please list the relevant adults in the table below and then sign your agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of adult to whom I grant parental authority for this child** | **Relationship to the child** | **Adult’s Date of Birth** | **Address of adult receiving parental authority** | **Please tick if this adult also has legal parental responsibility for this child**  |
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|  |  |  |  |  |

* I give my permission for the above adult/s to bring this child to medical appointments at The Walcote Practice in my absence.
* I give permission for the above adult/s to consent to routine and urgent medical treatment for this child as recommended at any medical appointments with doctors of The Walcote Practice.
* I give permission for the above adult/s to consent to non-urgent medical procedures for this child, including vaccinations.
* If I wish this authority to no longer be in place for any of the above named adults, I shall write to The Walcote Practice immediately and the parental authority for this child will be removed for that adult.

I agree with the above statements: SIGNATURE……………………………………………DATE…………………….

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***Office use only***

|  |  |
| --- | --- |
| Parental Responsibility for the adult listed in the first table has been confirmed  | Y / N |
| Staff Name  | Staff signature | Date |