CHILD (0-14 years)

TUDOR practice

INTERNET ACCESS – REGISTRATION REQUEST

Please use this form to **request** your child's registration for internet access to the Practice. (Please note parents can only register their child/children up to the age of **14 years.** Teenage children over this age may have a requirement to see doctors confidentially). Once your child reaches the age of 14 their account will automatically close and they will have to re-register themselves.

After acceptance, within 7-10 days your child's account will be linked with your existing online account. When you log into your account you will be able to select whether to book/cancel future **ROUTINE** appointments and/or request Repeat Medication Prescriptions for yourself and/or your child.

If you are not already registered for internet access you will need to do so before we can register your child by completing the Adult Internet Access Registration Form.

This completed form should be handed to Reception – together with one form of Photo ID (e.g. Passport/Driving Licence etc). Your photo ID will be copied and scanned onto your child's Records.

Please use **CAPITAL LETTERS** when completing this form.

Child's Name:	
Address (including Postcode):	
Date of Birth:	
Telephone Number (Landline):	
Mobile Number:	
Email Address:	
Parent/Guardians Name:	
Parent/Guardians Date of Birth:	
Signature:	
Date:	
****Photo ID Supplied (Specify Type) :** **Passport** ☐ **Driving Licence** ☐	**Checked by (Initials and Date):**

****NOTE: WE ARE UNABLE TO ISSUE ACCESS UNLESS ONE OF THE ABOVE FORMS OF IDENTITYIS PRODUCED**

I confirm that I understand that it is my responsibility to advise the practice of any changes to my email address or mobile phone number listed above. Please tick and sign below giving consent for Tudor Practice to correspond with you via email and/or text.

Email ☐ Text ☐

Signed: …… Date: ……