**Permission form**

**Your medical data available through the LSP**

|  |  |
| --- | --- |
| [ ]  **YES**I **do** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the ‘Your medical data available through the LSP (National Exchange Point)’ brochure. | [ ]  **NO**I **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the ‘Your medical data available through the LSP (National Exchange Point)’ brochure. |

**GP or pharmacy details**

|  |  |
| --- | --- |
| Which healthcare provider does the form concern?  | [ ]  my GP[ ]  my pharmacy |
| Name: |
| Address: |
| Postcode and town: |

Should you wish to grant permission to another healthcare provider as well? Please complete a new permission form.

**My details**

****Complete the details below. **Do not forget to sign the form.**

|  |  |  |
| --- | --- | --- |
| Surname: | Initials: | [ ]  M [ ]  F |
| Address: |
| Postcode and town: |
| Date of birth: |
| Signature: | Date: |

**Do you wish to arrange permission for your children?**

* For children up to age 12: the parent or guardian gives permission. Please use this form.
* For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
* Children aged 16 and over need to give permission themselves and fill-out their own form.

**Details of my children**

Complete the below details of the children with respect to whom you wish to give permission. Do not forget to provide your own signature.

Do you have more than two children? Please complete a new permission form.

|  |  |
| --- | --- |
| First name and surname: | [ ]  M [ ]  F |
| Date of birth: |
| [ ]  **YES** [ ]  **NO** | Child’s signature: |

****

|  |  |
| --- | --- |
| First name and surname: | [ ]  M [ ]  F |
| Date of birth: |
| [ ]  **YES** [ ]  **NO** | Child’s signature: |

|  |  |
| --- | --- |
| Date: | Signature parent of guardian: |

**Submit this form to the GP of pharmacy your permission concerns.**

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