

Explicit Consent

I explicitly consent to you creating and storing medical records concerning the treatment of: child's name

I understand that this may include details concerning medication, treatment and other issues affecting health conditions, in accordance with the General Data Protection Regulation (GDPR).

I understand that these records will be retained until the child reaches 25, or when the treatment is ceased in order to comply with the Institute of Osteopathy legal guidelines. I understand that these records will be processed in accordance with your 2018 Privacy Notice, a copy of which I have seen.

I have read and understood the above information and have the authority to give explicit consent on behalf of the patient.

Signed

Date

Full name

I am acting in the capacity of parent/legal guardian

Preferred Communication Route

For future appointments and administration, our preferred communication route/s is:

Preferred communication route/s

Phone Yes/No

SMS Yes/No

Email ~Yes/No

Other (please state)

Promotional Information

For the purposes of promoting healthcare including offers and advice, the Practice would also like to stay in touch with you with information that may be of interest to you and your child.

For providing promotional information you can stay in touch with me using the following methods:

Methods for promotional information

Phone

Email

SMS

Other (please state)

Signed

Date