

Trinity Medical Centre, Consent Form (age over 13 and under 16)

Booking Appointments and Requesting Repeat Prescriptions

Patient Name \_\_\_\_\_

Patient DOB \_\_\_\_\_

Patient agreement for parent/guardian to register for on –line patient access.

I give consent for my parent/guardian (please name here).....  
to book appointments and request repeat prescriptions on my behalf

Signed:..... Date .....

Name (PRINT) .....

Office use only

**For use with proxy application form**