

FORM OF AUTHORITY REQUEST FOR DISCLOSURE OF GP RECORDS

Name [of child]:

Address [of child]:

Date of Birth [of child]:

Name of [Child's] GP:

Address of [Child's] GP Surgery:

I,, am the parent/guardian of [name of child]....., and under the General Data Protection Regulations I hereby request and authorise you to provide to NHS Resolution, its legal advisers and any experts nominated by them a full copy of all medical records, correspondence and imaging relating to [name of child].....

.....
SIGNED BY [parent/guardian]

.....
DATED