***Drs Bethan Jones & Michael Barker***

**Bron Derw Medical Centre, Glynne Road, Bangor, Gwynedd, LL57 1AH TEL: 01248 370900**

***Data Protection Act – Request for Copies of My Medical Records (Under 14)***

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| --- |
| Section 1 – Your Details |
| Please make sure you use your formal name in this section |
| Mr/ Mrs/ Ms/Miss Dr or other  | Other |  | Surname |  |
| First Name |  |
|  |  | Other Initials |  |
| Address  |  |
|  |  |
| Date of Birth |  |
| Section 2 – Information you require – please complete 1,2 or 3 |
| 1. | Please provide me with copies of information about the following accident/event |
|  |  |
| 1.1 | Reason why you are requesting this information |
|  |
| 2. | Please provide me with copies of my medical records for the following period |
| From: |  | To: |  |
| Section 4 - Signature and name of parent/guardian collecting |
| Signed |  | Date |  |

Verified by:

.....................................................

Date:

.....................................................

Information extracted by:

.....................................................

Date of extraction:

.....................................................

**Office use only – scan after completion**

ID provided (one of each category below):

Photographic ID such as:

* Passport or Full Birth Certificate □

As under 14, the Parent/Guardian will need to provide

proof of address where the child is living:

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