

Your Name  
Your Address  
Telephone Number

Name of GP Practice  
Address

Date:

Dear (GP Name)

My child (Child's Name, born DOB) is currently registered at your practice. She/he lives with their mother at (Mother's name and address).

I request that you notify me of any important medical information relating to my child, whether via telephone or in writing and using the contact details I have supplied above. I understand and acknowledge that you may require proof of parental responsibility and have therefore enclosed proof for your records.

I am making this request under the Data Protection Act 1998. I am sure that you are also aware of the Guidance on Good Practice by the General Medical Council, in particular paragraph 55, which states that:

“Divorce or separation does not affect parental responsibility and you should allow both parents reasonable access to their children's health records.”

Please ensure that my contact details are placed on my child's medical records and that I am contacted in the event of anything prominent, such as allergies, serious conditions, dietary requirements etc. I am making this request in the interests of my child and his/her wellbeing.

Thank you in advance for your cooperation. Please do not hesitate to contact me on the above telephone number, should you require further assistance.

Yours sincerely,

(Your name)