Type in your name and address

Type in the name of the GP, the name of the surgery and address

Type in the date

Dear Sir,

I am the type in mother or father of type in your child’s full name and am writing to ask that I be informed of any important medical matters related to my child. Their main address is type in the resident parent’s address and their date of birth is type in the child’s date of birth. I realise you may require proof that I hold legal parental responsibility for type in the child’s first name and have enclosed the necessary documents.

I am making this request under the Data Protection Act 1998 and would also draw your attention paragraph 55 of the Guidance on Good Practice given by the General Medical Council:

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

In particular, I would be grateful if you keep me informed of any allergies which my child has, if you become aware of any special dietary needs, or if my child has any serious medical illnesses or conditions and if any serious medical intervention such as surgery is required in the future. I would be grateful if you would include this request prominently on my child’s medical records, and hope you will understand that I am making this request considerate of my child’s best interests and in support of their welfare.

I look forward to hearing from you, and if you wish to speak to me directly, please telephone me on type in your daytime telephone number.

Yours sincerely,

Type in your full name