



Dear Parent,

Under new Child Safeguarding Legislation, we need your written permission to see your child/children when they are accompanied by anyone other than you.

If you are satisfied to allow another person to bring your child/children to the surgery, please complete this form and return it to the surgery.

Please note that we can only see your children with you or in the company of people you have named below, so please add the names of anyone you trust who would be likely to bring your child/children to the doctor in your absence.

I, \_\_\_\_\_, consent to allow the persons named below to bring my child/children:

Child 1.	
Child 2.	
Child 3.	
Child 4.	
Child 5.	

to see the doctor or nurse in Kilcormac Medical Centre on my behalf.

Person's Name		Relationship to Child/Children
1.		
2.		
3.		
4.		
5.		

Signed:

Date: