



ZAC BEARD B'OST  
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# GDPR 2018 PARENTAL CONSENT FORM

## Explicit Consent

I explicitly consent to you creating and storing medical records concerning the treatment of:

..... (“the Patient”)

I understand that this may include details concerning medication, treatment and other issues affecting health conditions, in accordance with the General Data Protection Regulation (GDPR).

I understand that these records will be retained until the child reaches 25, or when the treatment is ceased in order to comply with the Institute of Osteopathy legal guidelines. I understand that these records will be processed in accordance with your 2018 Privacy Notice, a copy of which is posted in the Practice waiting-room or I have asked to see.

I have read and understood the above information and the information in the Privacy Notice and have the authority to give explicit consent on behalf of the patient:

Signed ..... Date: .....

Patient name: .....

I am acting in the capacity of parent or legal guardian (please state) .....

For future appointments and administration, our preferred communication route/s is:

- Telephone
- Email
- Post
- Other (please state) .....

### Promotional Information

For the purposes of promoting healthcare including offers and advice, the Practice would also like to stay in touch with you with information that may be of interest to you and your child. For providing promotional information you can stay in touch with me using the following methods:

- Telephone
- Email
- Post
- Other (please state) .....

Signed: ..... Date: .....