

# Permission form

Your medical data available through the LSP

YES

NO



volg je zorg

I **do** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

I **do not** authorize the below-mentioned healthcare provider making my data available through the LSP. I have read all the information contained in the 'Your medical data available through the LSP (National Exchange Point)' brochure.

## GP or pharmacy details

Which healthcare provider does the form concern?

my GP

my pharmacy

Name: .....

Address: .....

Wiekslag 90A

Postcode and town: .....

3815 GS Amersfoort

## My details Do not forget to sign the form.

Family name: .....

Initials: .....

M

F

Address: .....

Postcode and town: .....

Date of birth: .....

Signature: .....

Date: .....

## Do you wish to arrange permission for your children?

- For children up to age 12: the parent or guardian gives permission. Please use this form.
- For children aged 12 to 16 who wish to give their permission: both the parent or guardian and the child need to sign this form.
- Children aged 16 and over need to give permission themselves and fill-out their own form.

## Details of my children

Complete the below details of the children with respect to whom you wish to give permission. **Do not forget your own signature.**

Family name: .....

Initials: .....

M

F

Date of birth: .....

Signature: .....

YES

NO

Family name: .....

Initials: .....

M

F

Date of birth: .....

Signature: .....

YES

NO

**Do you have more than two children? Please complete a new permission form.**

Signature parent  
or legal guardian: .....

Date: .....

**Submit this form to the GP of pharmacy your permission concerns.**