



Child Records – Secondary Use of Data

Opt Out Form

Please print

Childs name	
Date of Birth	
NHS Number	

Mother's name	
Date of Birth	
NHS Number	
Postcode	

Declaration:

I wish that my child's records may only be used in the provision of clinical care and not for further assessments, in anonymised form, of how the service is run and how it can be improved (as described in the leaflet 'A guide to recording information on your child's high dependency care').

Signature: _____
(person holding parental responsibility)

Relationship to child: _____

Dated: _____

Please send this form to:
Paediatric High Dependency Project Administrator
Perinatal Institute
Crystal Court, Aston Cross
Birmingham B6 5RQ