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**Extraction of Confidential Data
For the Health & Social Care Information Centre (HSCIC)**

The Care.Data Programme

Child opt-out form

I confirm that I **DO NOT** want any confidential data being extracted from my child's GP medical record and used by the Health & Social Care Information Centre. I confirm that I have parental responsibility.

Child's Name:
(Please print)

Date of Birth:

Address:.....
.....
.....

Signed: Date:

Name:Relationship to Child:

Action by Surgery:

Read code 9Nu0 has been added to this patient's record to ensure no data is extracted.

Signed: Name:

Date Actioned:

**Partners: Dr M Patten, Dr C Davies, Dr C Simon, Dr V Ward
Associate GPs: Dr L Gilham, Dr S Goddard, Dr Y Abdel Kerim**