**MEDLOCK MEDICAL PRACTICE**

**(WE PROMISE TO PROVIDE EVIDENCE BASED CARE TO MEET YOUR NEEDS)**

I Acknowledge (name) …..……………………………………………...(complete on behalf of child)

* **I will respect practice policies.**
* **I understand any verbal or physical abuse will result in removal from list as per the zero-tolerance policy.**
* **I understand the strict policy of DNA within the practice, without any reasonable excuse after 2 x DNA’s will result in removal from the list.**
* **I understand that if I am out of the catchment area (Out of M35 Postcode), the surgery has explained that I will not be able to get a home visit and if my health circumstances change/deteriorate, I am to register with a GP in my area.**
* **I understand that I am responsible for child vaccinations and appointments. We work closely with child health and other services.**
* **I understand I can use the NHS App to order my medication, alternatively I can request my nominated chemist do this on my behalf. I understand there is a 48-hour policy on prescriptions.**
* **I understand the strict policy of not prescribing potentially abusable drugs such as, Zopiclone, diazepam or tramadol etc... Apart from if advised from a specialist and following national guidance.**

Sign: ……………………………………………….……………… Date: …………………