

Consent to Share Information

This consent form is to be used in conjunction with the information sharing leaflet which outlines your full rights around how we use your information. If the young person is 13+ and has a full understanding then consider completing the consent form with them.

Child/Young Person's name:		DOB:	
Parent/Carer's name:			
Parent/Carer's name:			

- I have been informed about the need to share information about me/my child so those working with me/my family can work together.
- I have been given the opportunity to discuss what sharing and not sharing information will mean to me and my family.
- I have received a copy of the sharing information leaflet.
- I understand that my information will be held securely in accordance with the Data Protection Act.
- I understand there may be circumstances where information will be shared without consent and I understand when these are.

[tick one]

- I agree that my/my child's personal information may be shared between those involved with me/my child
- I do not agree that my/my child's personal information may be shared between those involved with me/my child.
- I agree that my/my child's personal information may be shared between those involved with me/my child with the exception of: _____

If the young person is aged 13+ and you deem them able to understand the process of consent then you should also ask for their consent.

Signature of Young Person:		Date:	
Signature of Parent/Carer:		Date:	
Signature of Parent/Carer:		Date:	

I have fully explained to the Young Person/Parent/Carer about information sharing and the involvement of other (external) services.

Name of Worker			
Signature of Worker:		Date:	
Agency/Service:			