

Consent form for Sharing and Collecting Information

Child's name:

By signing this form, you are consenting to the agency:

1. Sharing information with the agencies stated below in order that other agencies can provide accurate and relevant information.
2. Approaching the agencies stated below in order to obtain information, which will enable them to complete their enquiries in the best interest of the child.
3. The information collected being used to inform the assessment process and only being shared as is necessary and appropriate in order to protect the child.
4. Contacting the following agencies:

Role/Name	Agree	If Disagree – why?	Contact details if relevant
GP			
Health Visitor			
School			
Speech & Language			
SEN Co-ordinator			
Child Psychologist			
Physiotherapy			
Ear, nose & throat			
Other			

Is there anyone who you DO NOT want us to contact/share with?

Signature of Parent/Carer :

Print name:

Date:

Parental Consent

Child's name:

Photographs of Children

Internal use []

- Learning Journeys
- Displays

External use []

- School website
- Twitter, Facebook
- Promotional materials, Media

Early Years Pupil Premium Y/N

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signature of Parent/Carer:.....

Print name:.....

Date: