**St White’s Primary School**

**Consent to Share Information**

(COMPLETE WHERE APPLICABLE) (PLEASE PRINT)

|  |  |  |
| --- | --- | --- |
| Child/Young Person’s name(s): |  | DOB: / /DOB: / /DOB: / /DOB: / /DOB: / / |
| Parent/Guardian/Carer’s name: |  |
| Parent/Guardian/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 leaflet about sharing information.

I understand that my information will be held securely in accordance with the Data Protection Act.

I agree that my/my child’s/children’s personal information may be shared with those involved with me/my child(ren)

I do not agree that my/my child’s/children’s personal information may be shared with those involved with me/my child(ren)

I agree that my/my child’s/children’s personal information may be shared with those involved with me/my child(ren) **with the exception of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Signature of Parent/Carer: |  | Date: / / |
| Signature of Parent/Carer: |  | Date: / / |

|  |  |  |
| --- | --- | --- |
| Signature of Young Person: | (MUST BE AGED 12 OR OVER AND ABLE TO UNDERSTAND THE PROCESS OF CONSENT) | DOB: / /DOB: / /DOB: / /DOB: / /DOB: / / |

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

|  |  |  |
| --- | --- | --- |
| Signature of Worker: |  | Date: / / |
| Role: |  |