# Consent to share information form for support services including forwarding to ongoing school/setting.

## Child’s details:

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Date of birth |  | Gender |  |

### Section 1: Proposed information uses and disclosures

The disclosed information will be pertaining to the identified child’s early years educational provision. This form may be used to share information with a range of services including health and educational services to assist with the child’s care, specialised needs and individualised planning. The SENCO will fill out this form in consultation with parents.

|  |  |  |
| --- | --- | --- |
| Service name | Contact number | Parent initials |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Section 2: Record of parent/guardian consent

The early years SENCO at (insert setting name) has discussed with me how and why they may need to gather and share information with the agencies indicated above. I give my permission for the information to be shared.

|  |  |
| --- | --- |
| Parent/carer/guardian signature |  |
| Printed name & date |  |
| Witnessed by (printed) & date |  |
| Position and signature of witness |  |

To ensure the parent/guardian is able to make an informed decision about consent to the disclosure of their information, the early years setting should: (tick when completed)

|  |  |
| --- | --- |
| Discuss with the parent/guardian the proposed disclosure of information to services as indicated above |  |
| Explain that the identified child’s information will only be released or sought for the services stated above |  |
| The form will be saved in the child’s folder and any subsequent agencies will require a new form to be completed. |  |

**If additional services become involved from those detailed above:**

|  |  |
| --- | --- |
| I/We give consent for contact with all forwarding school/ setting staff who become involved for transition purposes.  |  |