

Consent to share information

To be signed by the young person or person with parental responsibility

Luton Safeguarding Children Board

This form contains your consent to the sharing of information between the organisations identified below. The consent applies to the children named below and where necessary may include information about the child's health, welfare and development and the child's home or family circumstances.

If you give permission, information will be shared with relevant organisations amongst those listed, to assist the effective provision of family support, education or health services to the child/children named below. This consent will remain valid for one year from the date of signature marked on this form. It applies to information already held on the file or record and to information subsequently added.

Organisations include:

- Luton Borough Council
- Schools
- Health Service (eg. Health Visitor, GP, Consultant & School Nurse)
- Police
- Youth Offending Service
- National Probation Service
- Other.....

Are there any of these groups you would not want us to share information with?

I agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.

Name: (Print) _____ Signed: _____

Young person or parent/guardian Date of signature: _____

I do not agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.

Name: (Print) _____ Signed: _____

Young person or parent/guardian Date of signature: _____

Name of child	D.O.B	Name of child	D.O.B

I am satisfied that the person is capable of understanding the information that I have given to them

Name: (Print) _____ Signed: _____

Date of signature: _____ Organisation/Service: _____

Give 1 copy to young person/parent or carer

Luton Children & Young People's Partnership