

## CONSENT FORM



**Child/ren Name/s & DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Adult(s) name/DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Adult(s) name/DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**These are the people currently involved with my/our child and family** *(please complete as fully as possible)*.

	Name	Contact Details	Agree to contact Yes/No
GP			
Midwife			
Health Visitor			
School Nurse			
Pre-School/Nursery			
School			
CAMHS			
Adult Mental Health Services			
SEN Team			
Housing Department			
Probation Service			
Police			
Other Local Authority Social Care Services			
Other (please specify)			
Other (please specify)			

I, as parent/guardian/individual of .....  
 give Coventry Children and Families Service permission to obtain relevant written and verbal information about my child and family members from the agencies agreed above and to pass on any relevant written and verbal information concerning my child to those agencies agreed above, as may be considered appropriate.

However, under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare and this can, at times, be information sharing without consent.

I give permission for a member of Coventry Children and Families Service to observe my child within their educational setting and/or short break setting *if* they are in receipt of this support in the future.

- I understand that Children's Services hold information on files and on computers and that I can ask to see this information. I understand the information may be used for quality assurance, audit and evaluation purposes.
- I understand that I have the right to complain about any aspect of the service I and my family have received.
- I confirm that this has been fully shared and explained with me and I fully understand the content.

**Signed:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Relationship to child/ren:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Relationship to child/ren:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Once signed, a copy of this will be stored on the file and a copy will be made and sent to those who have signed, for their records.*

**Privacy Notice:** *The information that you provide will be used for Coventry Children and Families Service to liaise with those agencies listed below, in order to complete the necessary work with your family. For more information the Children's Privacy Notice and be found here:*  
<https://www.coventry.gov.uk/childrensservicesprivacynotice>

*The data subject shall have the right to withdraw his or her consent at any time. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal. Prior to giving consent, the data subject shall be informed thereof. It shall be as easy to withdraw as to give consent.*