

Assessment and Child Protection Service

Parent/Carer consent for information sharing between agencies

Relevant family members

Name	DOB	Parental Responsibility? yes/no

I / We authorise Dudley Metropolitan Borough Council to seek information from and share information with other agencies as indicated on the attached list to enable the Children and Young Person’s Assessment to be completed.

Print name:.....Date:.....

Signed.....

Print name:.....Date:.....

Signed.....

Agency	✓	Any comments of parents
Social Services (Includes any other Local Authorities you may have previously lived in or be known by)		
Family Centre(s)		
Health Visitor		
School Nurse		
Mental Health Services		
School(s)		
Youth Offending Team		
Probation Service		
Police		
Housing		
Drug Services		
Other service/person supported or supporting the family not named above.....		
Please note that these agencies named above may be past or present or from other relevant Local Authority areas.		