



Five Islands School Information Sharing Consent Form

Page 1 of 2



Child/ren's Names:	Date of Birth:

Your statement of consent

Please read the following carefully and then sign and date the form. By signing the form you are agreeing to the following;

- Sharing information with agencies in order that other agencies can provide accurate and relevant information
- Approaching the agencies in order to obtain information which will enable them to complete their enquiries in the best interest of the child/ren
- I understand that my information will be held securely on paper and computer in accordance with the Data Protection Act
- I understand that confidentiality may not be maintained where a person may be at risk of significant harm, or where it is required by law to share information for family support or child protection procedures.
- The information collected will only be shared as is necessary and appropriate in order to protect or support the child/ren.
- The timescale for consent will be 12 months from the date of the signing of this form .

In relation to your statement of consent please tick one of the following:

I agree that my child/ren's information may be shared with professionals involved

I do not agree my child/ren's information may be shared with professionals involved

I agree that my child/ren's information can be shared **with the exception of:**

Print and Sign (Parent):



Five Islands School Information Sharing Consent Form

Page 2 of 2



Print and Sign (child 12+):

Date: