



**Statement of Parent / Young Person Authorisation for  
 Access to Medical and Other Records**

Parent's / Young person's name(s): .....

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I agree that the social worker may contact the following agencies to obtain any information to help in the assessment of my / my child(ren)'s needs, and to discuss the arrangement of services for me / my child(ren).

<b>GP</b>	<input type="checkbox"/>	<b>Mental Health Service</b>	<input type="checkbox"/>
<b>School</b>	<input type="checkbox"/>	<b>Drug and Alcohol Misuse Services</b>	<input type="checkbox"/>
<b>Nursery</b>	<input type="checkbox"/>	<b>Other Local Authorities</b>	<input type="checkbox"/>
<b>Probation</b>	<input type="checkbox"/>	<b>Police</b>	<input type="checkbox"/>

I understand that if services are provided for me / my child(ren), some information needs to be given to the people providing these services. I agree that a copy of my / my child(ren)'s assessment and care plan may be sent to anyone providing services for me / my child(ren).

Parent's / young person's/family member's signature  Date:	Social Worker's signature  Date:
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