

Child Welfare Case Consent Form

Child Information

Child's Full Name

Date of Birth

Case ID/Reference Number

Parent/Guardian Information

Parent/Guardian Full Name

Relationship to Child

Contact Number

Email Address

Consent

Description of Services/Assistance to be Provided

☐ I consent to the sharing of relevant information for the purposes of this case.

☐ I give permission for the provision of services as described above.

Signatures

Parent/Guardian Signature

Date

Agency Representative Signature

Date