

# Child Information Sharing Consent Form

## Child's Details

Full Name

Date of Birth

## Parent/Guardian Information

Parent/Guardian Name

Email

Phone

## Purpose of Information Sharing

Please describe the purpose of sharing the child's information

## Information to be Shared

Details of information to be shared

## Agencies/Organizations Receiving Information

List agencies/organizations

## Consent

☐ I give my consent for the above information to be shared as described.

☐ I do not give my consent.

Name of Parent/Guardian

Date