**Consent for a Parent/Guardian to access your personal information**

Your Mother/Father/Guardian has asked us to give them copies of the information we hold about you. For example conversations, assessments and information from your school, doctor or social worker. It may also include information from your friends and family and others who help you.

This information belongs to you. Before we share it we would like you to tell us whether you agree to this or not.



[ ]  I agree to my information being shared



[ ]  I would like you to call me to discuss information I do not want shared. Please call me on ……………………………….

[ ]   I do not want my information shared

You can call us on 033301 39853 if you would like to talk to us about sharing your information.

I agree I have made my own decision about sharing my information.

Child’s Name:

Child’s Actual Signature:

Date:

**We may contact you directly to discuss your consent if we have any concerns.**

Please return this form to: transparencyteam@essex.gov.uk

Or post to: Transparency Team. PO Box 11, County Hall. Chelmsford. Essex CM1 1QH