

**DARLINGTON SEND INFORMATION, ADVICE AND SUPPORT SERVICE**

**CONSENT FORM TO SHARE INFORMATION**

**For Parents/Carers**

I ......................................................., consent to the sharing of information about my child in relation to his/her Special Educational Needs and/or Disability (SEND) and any supporting information provided by other Agencies with Darlington’s Information, Advice and Support Services (IASS), to enable them to support me with my query.

I consent to the Information, Advice and Support Services Officer making contact with professionals from education, health and social care or from any other organisation involved with my child, in relation to their SEND.

Name of the Child: ............................................................................

Date of Birth: ...................................................................................

Name of School: .............................................................................

Name of Parent/Carer: ...................................................................

Home Address: .............................................................................

.......................................................................................................

.......................................................Postcode: ...............................

Signed: ..........................................................................................

Print Name: ...................................................................................

Date: ..............................................................................................

This consent form will be valid for the current academic year, regardless of the number of contacts made with the service, unless otherwise specified by the parent.