**Consent to share information with the Health Visiting Service**

**(Hackney Resident Children-Required)**

Dear Parent,

In Hackney we are committed to working in partnership across health and education departments to support all our parents to achieve the best health, well-being and educational outcomes for their children. One example of this joined up work is the 27 month integrated development review which is provided in the early years setting by health and early year’s staff together with the parent. In order to enable this successful joint working we are requesting your consent to share information across the relevant Hackney health and early year’s services.

**THE INFORMATION WILL BE KEPT CONFIDENTIAL BY BOTH ORGANISATIONS**

I give permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the main childcare setting for *(insert child’s*

*name*) to contact the local Hackney health visiting service to advise them that they are currently attending this setting. The information the early years childcare setting will be sharing will include: the name, date of birth, gender and postcode for your child.

I also give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the main childcare setting to inform

The local Hackney health visiting service (by sharing their name, date of birth, postcode and gender), when your child leaves this setting.

**Yes / No** *(delete as appropriate)*

**Thank you!**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/carer) Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/carer)

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (early years setting) Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. Complete for all Hackney resident children, ideally at point of registration keep a copy in the child’s main file.