

Consent for Integrated Health Review

Information Sharing Consent – To be completed by the parent/carer

I have read and understood the Integrated Health Review Leaflet and consent to my child's development being shared between my early education provider and member of his/her Health Visiting Team.

Yes ☐

No ☐

Signed Parent/Carer

Print Parent/Carer Name

Date of Signature.....

Contact Details

Child's Full Name.....

Child's Date of Birth.....

Address.....

.....Post Code

Home Phone Number.....

Mobile Phone Number.....

NHS Number

Name of child's GP.....

Nationality/Language spoken.....

Childcare Providers Details – To be completed by the setting

Name of Setting.....

Staff Member.....

Sharing information lets you, your child and us work together closely as partners in promoting your child's early health and development. Only people working with your child will be able to see the information held. This information can be shared with other services where it is necessary to ensure that the right service is offered and that your child is kept safe.

Note to provider - please give a copy of this consent form to your link Health Visitor with the child's EYFS progress check.