

RELEASE OF INFORMATION
Consent to Share Medical/Health Information with School

This form is to be used to give consent to healthcare professionals to share health and medical information with the child's school, with the aim of:

- identifying any ongoing or recurring health issues so school can offer the most appropriate support
- to allow school, parents and health professionals to work together to support the child's educational needs

1. Child/Young Person's Details

| | |
|----------------|--|
| Full Name: | |
| Date of Birth: | |
| Address: | |

2. Parent/Carer Details

| | |
|------------------------|--|
| Full Name: | |
| Relationship to Child: | |
| Contact Number: | |
| Email Address: | |

3. Health Service Details

| | |
|--------------|--|
| GP Practice: | |
| Address: | |
| Telephone: | |
| Email: | |

4. School Details

| | |
|------------|---|
| School: | Haven High Academy |
| Address: | Marian Road, Boston, Lincolnshire, PE21 9HB |
| Telephone: | 01205 311979 |
| Email: | attendance@havenhigh.net |

5. Parent/Carer Declaration.

I confirm I understand the purpose and scope of information sharing.

| | |
|---------------|--|
| Signature: | |
| Printed Name: | |
| Date: | |

Consent can be withdrawn at any time. Consent valid until withdrawn in writing.