

ASDP2 - Parental Consent for Referral to ASC Pathway Manager

This form enables you to give your consent to the referral of your child to the ASC Pathway. It also enables you to give your consent for relevant professionals who are involved with your child to provide information about him/her for consideration by the ASC Panel.

Child's Details – *please print*

Name	D.o.B
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Parent's Details – *please print*

Title	First Name	Surname	Signature
Address (if different to child)		Date	
Postcode			

(Please tick relevant boxes)

I give permission for my child to be discussed and relevant information to be held on database and shared with involved professionals.	
I give my consent for the professionals who work with my child to discuss information regarding my child	
I consent to professionals involved with my child to send reports about their assessment and involvement to the ASC Pathway Manager	
I understand that I will be kept fully informed of the outcome of any discussions regarding my child.	
I confirm that I am the child's legal parent/guardian	

Child or Young Person's Consent

This section *may* be completed by your child, if you feel that it is appropriate. However, it does not have to be completed.

I give permission for relevant information to be discussed and held on database and shared with involved professionals.	
I give my consent for the professionals who work with me to discuss information regarding my assessment	
I consent to professionals involved with me to send reports about their assessment and involvement to the ASC Pathway Manager.	
I understand that I will be kept fully informed of the outcome of any discussions regarding my assessment.	

Signed : _____

Date : _____