**Consent Form for Children and Young People**

Tick the box if you agree, if you don’t agree leave the box empty.



I understand what kind of support I will get from Walsall SENDIAS.



I understand that my details will be saved in Walsall SENDIAS secure electronic database.



I understand that everything I talk about will be kept private unless I say it is okay to tell someone. This is called confidentiality.



I understand that Walsall SENDIAS might need to contact someone and break this confidentiality in an emergency or if someone is in danger.



I agree to Walsall SENDIAS talking about my case with other people who may be able to help, but they will talk to me about it before they do.



If there is an emergency, then Walsall SENDIAS should contact:

Name………………………………………………………………………………..

Relationship to me…………………………………………………………..

Phone number………………………………………………………………….

Address……………………………………………………………..............

Sign your name here: ……………………………………………………..

Date: …………………………………………………………………………………