**Consent Form for Children and Young People**

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

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\V7OD86TT\online_help[1].jpg]()

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

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\V7OD86TT\DataProtection-03[1].png]()

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

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\V7OD86TT\1379498_garante-privacy-google-300x242_thumb_big[1].jpg]()

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

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\N7CW6Y7M\taboo[1].png]()

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

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\G7TDWUJJ\confidential.4[1].jpg]()

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.

![C:\Users\Clarhaz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\G7TDWUJJ\In-Case-of-Emergency[1].jpg]()

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

Name………………………………………………………………………………..

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

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

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

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

Date: …………………………………………………………………………………