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| Parental Consent when making a case for an Education, Health and Care Plan |
| Details of child: |
| Name:  Any alternative name:  Date of birth:  Home language:  Address: |
| Details of all people with parental responsibility: |
| Parent/carer name and title:  Address, if different from above:  Relationship to child:  Telephone number at home:  Telephone number at work:  E-mail address: |
| Parent/carer name and title:  Address, if different from above:  Relationship to child:  Telephone number at home:  Telephone number at work:  E-mail address: |
| Is your child looked after by the Local Authority? Yes/No  If Yes: by which Local Authority? |

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| I understand that: • the LA is considering an EHC Assessment for my child  • if the LA agrees to this, the EHC Assessment will be used to decide whether my child requires an Education, Health and Care Plan  • an Education, Health and Care Assessment is a legal process and if agreed the LA is required to collect information about my child from a range of agencies.  • to do this the LA must have my permission I give my permission for: • an Educational Psychologist to consult with relevant professionals and my child to produce written advice for the LA  • I consent to any healthcare professional who has recently been involved in assessing or treating my child being requested to provide a report to inform the Educational Health and Care assessment and planning process.  • the Child & Adolescent Mental Health Service to provide the LA with any relevant information they hold about my child |
| Please sign below to indicate that you understand this form and give your consent as set out above. Please include signatures of all people with parental responsibility and indicate your position (i.e. parent/s, social worker) |
| Name:  Signature:  Position:  Date: |
| Name:  Signature:  Position:  Date: |
| Name:  Signature:  Position:  Date: |