# **Appendix 3** Information Sharing Consent Form

**Guidance**

All school staff have a key role in early identification, intervention and support for children. Where there are concerns regarding a pupil’s unsatisfactory attendance, interventions will be implemented by the school to try to improve the situation.

Attendance below 90% is a cause for concern as this equates to an average of one half-day missed per week. Over a child’s whole school career this would mean in excess of one whole school year being missed. Where a child’s attendance falls below 80% (equating to two whole school years missed in a child’s school career), their opportunity to reach their full potential is considerably diminished. We need to understand the reasons contributing to this poor attendance, (which may include a medical cause), so that we can offer appropriate support to address the issue. Please note, we will only ask for information from your healthcare professional if there is no other source of information.

**Children and Young People - Data protection**

* Please see the [Norfolk County Council Privacy Notice](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/open-data-fois-and-data-protection/data-protection/privacy-notices) for further information about how we protect your data and your rights.
* Consent can be withdrawn at any time by contacting the relevant professional in writing.
* The Local Authority and school recognise that young people aged 12 and over (and sometimes younger) who are ‘Gillick competent’ have the right to make decisions around how their health information is shared. However, as noted in the DfE guidance[[1]](#footnote-1), parents are responsible for making sure that their children of compulsory school age receive a suitable full-time education.
* As parents and carers are responsible for ensuring attendance at school, it is the parent/carer who is being asked to provide consent for access to information which justifies absence from school.
* To ensure we incorporate the voice of the child, they are invited to attend planning meetings prior to any medical needs provision.

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| --- | --- | --- | --- |
| Name of child |  | Date of birth |  |
| Parent/carer name |  | Telephone |  |
| Address |  | Postcode |  |
| School |  | School contact (email/telephone) |  |
| I, the parent/carer, confirm that I have parental responsibility for the above-named child, give permission for the school and healthcare professional/practice/organisation named on this form to be contacted with regard to my child’s medical needs. I give consent for any relevant information (e.g., diagnosis, treatment, medication, impact on school attendance) to be shared with relevant professionals (e.g., with the Norfolk County Council Medical Needs and/or Attendance Service) I am aware that I may withdraw this consent at any time and will inform relevant professionals of this in writing/by email. |
| Signature |  | Relationship to child |  |
| Signature |  | Child (if Gillick competent i.e., 12 or over) |  |
| Date |  |  |
| Healthcare professional | *(name/role if known)* | Address of practice/clinic/Trust |  |
| Healthcare professional telephone |  | Healthcare professional email address |  |
| School  |  | School key contactName/role |  |
| School telephone |  | School key contact email address |  |
| Date |  |  |  |

1. DfE guidance School attendance parental responsibility measures Statutory guidance for local authorities, school leaders, school staff, governing bodies and the police January 2015 [↑](#footnote-ref-1)