Medical Consent Form

I/we understand that my child’s school has submitted a medical notification to Tameside Council in respect of my/our child’s school absence due to an ongoing medical issue. I/we are providing the following details in support of that referral.

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender |  |
| Home Address |  |
| School Name |  |

**Child/Young Person's Details**

**Details of Parent(s) or Person Responsible**

|  |  |
| --- | --- |
| Name(s) |  |
| Relationship |  |
| Home Address (if different from child’s) |  |
| Contact Number(s) |  |
| Email Address(s) |  |
| Preferred method of Contact |  |

Please tell us any professional team that are currently or have been involved in supporting you and your child in the last 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role that they play (name of organisation where appropriate) | Email Address / Contact Number | Currently Involved (Yes/No) |
| Example  Jane Smith | Tameside CAMHS Support Worker |  | Yes |
|  |  |  |  |
|  |  |  |  |

**Health Information**

|  |
| --- |
| Medical condition that prevents your child from attending school regularly |
|  |
| How was this diagnosed and when? |
|  |
| How my child’s health needs stop them attending school |
|  |

**Other Information**

|  |
| --- |
| My child/young person’s relevant history (please provide any other information you think is relevant to this referral and to help us understand the issues with your child not attending school full time) |
|  |

I/we give you permission to contact my child's education placement, health services, CAMHS, social care or other professionals to obtain information about me/them.

I/We understand that my child may be discussed at a multi-agency medical case management panel and give my/our consent to my child’s information being shared.

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I/we understand that information relating to my child, in accordance with the above, will be retained on the ONE system' (Tameside Children's secure data storage system).

Please see the following website for further information regarding how we store and use data: [Tameside Metropolitan Borough Council Data Protection Privacy Notice](https://www.tameside.gov.uk/dataprotection/PrivacyNotice)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Full Name |  | Full Name |  |
| Date |  | Date |  |

Please return this form, together with any medical reports/letters you may have to:

|  |  |
| --- | --- |
| Email Address | Contact Number |
| [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk) | 0161 342 2112 |