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| **Informed Consent**A discussion has taken place with parent(s) to ensure they understand:* The purpose of the assessment
* Who will carry it out
* What will be done with the information collected
* The purpose for which information is being collected
* That advice/consent can be withdrawn at any time

*“I/ we consent to our child/young person being assessed at:**………………………………………………………………………………….**(CAMHS Team Address)* |

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| **Consent Details:**  |
| **Young Person’s Name:**        | **Date of Birth:**       |
| **Signature *(mother):***        |
| **Guardian (Please tick)** Yes  No  |
| **Address:**        | **Contact No.:**        |
| **Signature *(father):***        |
| **Guardian *(please tick)*** Yes  No  |
| **Address:**        | **Contact No.:**        |
| **Does the other parent consent to the referral?**Yes  No  | **If “NO” please provide more details:**        |
| **Additional comments:**        |