CAMHS Consent to Digital Assessment Measure Completion Form

Child/Young Person's Details	
Young Person's Name:	Date of Birth:

Consent Statement	
I/We (all parents/guardians) consent to completing Digital assessment measures online as part of my/our young person's assessment in CAMHS. I understand that my/our responses will form part of their medical records. I/We understand that the email address(es) provided will be used to send electronic links to an online assessment measure.	
Mode of Consent: Verbal in person ☐ Verbal by telephone ☐ Signed ☐	
Parent/Guardian Name:	Signed Parent/Guardian:
Parent Email address:	Date:
Parent/Guardian Name:	Signed Parent/Guardian:
Parent Email address:	Date:
Parent/guardian email to send the Self-Report for the young person to complete:	

Teachers Details	
Teacher Name:	School Name:
Teacher contact Email address:	

Completed by: