***[Setting logo can be placed here]***

**The Integrated Review for 2-year-olds – consent to share information**

Setting name: ……………………………………………………...………………………….

Parent/carer’s name: …………………………………………………………………………

Child’s name: ……………………………………………………………………………….

Address: ………………………………………………………………………………………

Child’s DOB: ………………………………………………………………………………….

Contact phone number: ……………………………………………………………………..

If you are happy for this review to take place please read the statement below and sign accordingly.

In order to share information between key partners (ie your health visiting team, early years setting, speech & language therapy) please confirm you have parental responsibility for this child and are giving consent for the information discussed during the review to be shared by signing the bottom of the page.

**I give consent for my child to have an integrated review for 2-year-olds and for my child’s details to be shared between the early years setting, health visiting services and, if applicable, other professional services identified during the review *[insert name of service identified here]***

Parent/carer’s signature: …………………………………………………………………….

Parent/carer’s full name (block letters): ………………………………………………….

Contact telephone number/s:………………………………………………………………