

Consent form

Hälsa Lärande Trygghet Västerbotten

GUARDIAN 1

Name
Personal ID no./personnummer
Tel. no.

I am a single parent.

GUARDIAN 2

Name
Personal ID no./personnummer
Tel. no.

CHILD

Child's name
Child's personal ID no./personnummer
Child's healthcare centre/hospital
Child's preschool/school

AGENCY/ORGANISATION REQUESTING CONSENT

CONSENT

I hereby give my consent for the requesting organisation to talk to and share information without the restriction of confidentiality with those organisations that are members of HLT in order that they can cooperate in the best interests of my child and my family. I may withdraw my consent at any time by contacting the organisation which I gave my consent to. This consent automatically ceases to be valid once the activities in question end. This consent is valid for no more than one (1 year) from the date below.	
Signature, guardian 1	Place and date
Signature, guardian 2	Place and date
Signature, child	Place and date

CONSENT OBTAINED BY

Name	Title/function
Tel. no.	E-mail



Information about HLT Västerbotten

HLT stands for Health, Learning and Safety (or Hälsa, Lärande och Trygghet in Swedish) and is a partnership between the healthcare sector, preschools/schools and social services. The aim of the partnership is to combine forces so we can quickly provide the best possible support to children and families who find themselves in need of assistance. Every child has the right to grow and feel their best, at home, at school and in their free time.

Information about consent

In order for us to work together, we need your permission to share information about you and your family.

By filling in and signing this form, you give the organisation that is requesting your consent permission to share information concerning your (child in question)/your child's (guardian) physical and mental health, development and learning, and social situation. The HLT Team requires this consent so that it can give you/your child and your family the best possible support.