



Informed consent

I/we hereby give my/our consent that (name of service) is relieved of their duty of secrecy as far as the granted consent, and may exchange necessary knowledge with public officers (Public Administration Act § 13 A no. 1 and The Health Personnel Act § 22)

Regarding (name of child)

Applies within the following services:

Children Protection Services	
Nurse Services	
Educational Services	
School	
Kindergarten	
Physiotherapy/occupational therapy	
Department for enhanced kindergarten services	
HAST (Board for alternative special needs actions)	
Other (specify):	

I/we give my/our consent that knowledge/evaluation may be shared with the above mentioned services to obtain better coordinated services for my child.

I/we are made aware that the purpose of exchanging information is to achieve best possible help for my/our child and that the exchanged information is limited to what is sufficient at any given time. If the exchange of information is to be limited, please specify below.

.....
.....

This consent is given provided that the undersigned have been informed which information/evaluation that is to be discussed with the coordinating services.

This consent is valid from (date) through

I/we are made aware that the consent may be withdrawn in writing at any time.

Date: Guardian:

Date: Guardian:

Date: Child above the age of 15:

