

Parental Permission for Information Sharing

Date: [Insert Date]

To Whom It May Concern,

My name is [Parent's Full Name], and I am the parent/guardian of [Child's Full Name], born on [Child's Date of Birth]. I am writing to give my consent for the sharing of information regarding my child with [Name of Social Services/Agency].

I understand that this information sharing will be used to [briefly explain the purpose, e.g., assess my child's needs, provide support services, etc.]. I acknowledge that I have the right to withdraw my consent at any time by notifying you in writing.

I authorize the following individuals/organizations to share and discuss information regarding my child:

- [Name of Individual/Organization 1]
- [Name of Individual/Organization 2]
- [Name of Individual/Organization 3]

Please feel free to contact me at [Parent's Phone Number] or [Parent's Email Address] should you require further information.

Thank you for your cooperation.

Sincerely,

[Parent's Signature]

[Parent's Printed Name]

[Parent's Address]