South Lakes Speech & Language Therapy
https://southlakesslt.co.uk
email: SouthLakes.SLT@gmail.com
Tel: 01539 272034

Consent to Referral & Sharing of Information

Child's name: _____ **Child's date of birth:** _____

Name of parent/guardian: _____

I understand that my child has been referred to South Lakes Speech & Language Therapy and I agree to South Lakes Speech & Language Therapy contacting me directly. Yes / No

I agree to South Lakes Speech & Language Therapy contacting other professionals to share information about my child. I understand that South Lakes Speech & Language Therapy could contact any of the professionals below that I have ticked and I agree to any contacted professionals sharing information with South Lakes Speech & Language Therapy.

Please individually select professionals with whom you agree for information to be shared.

☐ GP ☐ Health Visitor ☐ Paediatrician

☐ Childminder * ☐ Nursery * ☐ School *

☐ Speech & Language Therapist ☐ Other _____

* If you have ticked Childminder, Nursery and/or School, do you consent to South Lakes Speech & Language Therapy sessions taking place in that settings when you are not present? Yes / No

Please give the name and contact information for any professionals you selected:

_____

_____

_____

_____

I confirm that by typing and/or signing my name in the signature field below and returning the form by email, I agree to South Lakes Speech & Language Therapy contacting me and the other professionals indicated above to share information about my child.

Signature: _____

Printed Name: _____

Date: _____