



Continuing Care Consent

Child's Details

Name:	Gwendolyn Vias Moore
D.O.B:	22 - 08 - 14
NHS Number:	7010571422

In order to progress the application for consideration for Continuing Care it will be necessary to obtain information from all professionals and organisations involved in the care of the child and the family.

The information held by Midlands and Lancashire Commissioning Support Unit (MLCSU) is held in the strictest confidence and we are obliged by law to adhere to strict controls regarding holding and using information.

Statement of Professional:

I have explained the process to the Child and/or Parent /Carer Y/N

Continuing Care leaflet has been provided Y/N

Name (Print):	
Professional Title:	
Contact Details:	
Signature:	
Date:	

Statement of interpreter (where appropriate)

I have interpreted the information above to the child and/or parent or carer to the best of my ability and in a way in which I believe s/he/they can understand.

Name (Print):	
Professional title / Relationship to child:	
Signature:	
Date:	

Statement of child or person with parental responsibility for the child

I agree to the sharing of relevant information between any of the agencies listed in the referral form and NWCSSU for the purpose of assessing my / the child's needs as part of the National Framework for Children and Young People's Continuing Care process. I have had a full explanation regarding this application and the process for Continuing Care.

Name (Print):	Adam Vines Moore
Relationship to Child (if appropriate):	Father
Signature:	Adam Vines Moore
Date:	18-Jan-17