



Consent to assessment by Doctor Kate Neurodevelopmental Team

- I consent to the Doctor Kate Neurodevelopmental Assessment Team contacting and sharing information with any professional working with me or my child, including but not exclusively healthcare professionals, educational professionals, mental health care professionals and social care professionals.

If I withdraw this consent for information sharing the Doctor Kate Neurodevelopmental Assessment Team will no longer be able to assess my child

- I agree to fully share all the relevant information and reports available with the Doctor Kate Neurodevelopmental Team, to enable them to provide a robust and safe assessment.
- I understand that if safeguarding concerns arise it is the professional duty of the Doctor Kate Neurodevelopmental Assessment Team to act on this.

Signed:-

Date:-

Your Name:-

Child's name:-

