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| I authorise Preparing for Life staff to **release information** to the following services to support myself and/or my children/ family: |

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| I authorise Preparing for Life staff to **gain information** from the following services to support myself and/ or my children/ family: |

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| Details of information to be shared: |

This authorisation will expire when the family exits the service.

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| Client Signature: Date:  Home Visitor Signature: Date: |

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| **Parent/Guardian Consent** |
| As the legal guardian of who is under 18 years of age, I understand that they would like Preparing for Life to share information with other services/agencies, and I give my consent for this.  Signature: Date: |