

KEY POINTS	ACTIONS	WHEN
FOR STUDENT		
FOR SCHOOL		

KEY POINTS	ACTIONS	WHEN
FOR OTHER AGENCY		

Parents’ consent to information sharing

We also understand and agree that information about me/us has been and will continue to be collected so that we, the School and the LA can assess and provide appropriate assistance and services. The School and LA may also use this information for service planning, monitoring and research purposes and may share the information with external agencies and providers of relevant services that they need to work with, to ensure that we are provided with the most appropriate services.

We understand that this information will be stored either electronically or in the manual records by the School/LA for case management purposes, to monitor and evaluate the effectiveness of the plan. The School/LA will keep the information updated and notify anyone who is given the information of any changes to ensure corrections are made.

SIGNED BY:

PRINT NAME

SIGNATURE

Chair	.....	.....
Parent (1)	.....	.....
Parent (2)	.....	.....
School Representative	.....	.....
Other Representative	.....	.....
Student (if necessary)	.....	.....

Health Absence Record for :xxx DoB: xxxxxx

XXX's Health issues have been identified as impacting on education. Following discussions with the school it has been agreed that all appointments and contacts with health professionals within the school day will be recorded. Our aim is to improve -shared understanding of the ongoing issues and inform decisions about any adjustments needed to enable xxx to improve their school attendance..

Date & Time	Setting (GP, Dentist, Hospital etc)	Organisation Stamp / Health care team Signature	Name and Role or signatory. (e.g.: receptionist, therapist, doctor)