Consent form for children over 13

Your Name: _____

Your Date of Birth: _____

Who are you giving permission to?

Their full name:_____

What is their relationship to you?

- ☐ Mum
- ☐ Dad
- ☐ Carer / Guardian
- ☐ Other: _____

Your choice

Please tick the boxes if you agree:
☐ I understand that the person named above has asked Kent County Council for information about me.
☐ I give Kent County Council permission to deal with the person named above about my request.
☐ I give Kent County Council permission to provide the person named above with a copy of my personal information, where it is appropriate to do so.

Your agreement

By signing below, you are telling us that you understand what you are agreeing to and that this is **your choice**.

Your signature:

_____