**Withdrawal of Consent for Occupational Therapy**

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| **Child’s Full Name:** |       |
| **Post Code** |       |
| **Date of Birth** |       |
| **Parental Consent** |
| I/We wish to **withdraw our consent for our child’s occupational therapy provision**.Yes [ ]  No [ ]  |
| I/We understand that as occupational therapy provision data is health data being processed by or under the responsibility of a professional subject to a legal obligation of professional secrecy (eg a health professional) it falls into one of the special categories where the right of erasure does not apply. And that in guidance with the Records Management Code of Practice for Health and Social Care 2021 the archive information will be kept until your child turns 25 or 26. Yes [ ]  No [ ]  |
| **PARENT / GUARDIAN** | **PARENT / GUARDIAN** |
| **Full Name** |       | **Full Name** |       |
| **Parent’s/Guardian’s signature** | **Parent’s/Guardian’s signature** |
| **Date** |       | **Date** |       |