



Young People's Substance Misuse  
Service,  
Civic Offices  
Civic Annexe  
Euclid Street  
Swindon, SN1 2JH  
Tel: (01793) 465040  
Fax: (01793) 463114  
e-mail: [uturn@swindon.gov.uk](mailto:uturn@swindon.gov.uk)

Date

Dear

I am writing to inform you that your child has been referred to our service for an assessment. Your child's age means that we must first obtain your consent for them to receive treatment and consideration must be given to the information we subsequently share with you as parent/guardian.

Please read the following statement and sign and date it, and return it to the address shown below.

'I hereby give my consent for the young person named \_\_\_\_\_ to receive treatment from Uturn. I understand that I may withdraw consent to treatment at any time. I also understand that records, both electronic and written, will be kept about the young person and information will be shared amongst professionals working with them, subject to the appropriate information sharing agreements.

Signed: ..... Date: .....

Print Name: .....

Yours sincerely

Name  
Job Title