# Permission to Liaise

Client First Name:

Client Last Name:

Date of Birth: Mobile Phone:

Email:

I hereby authorise (name of referrer)

to liaise on my behalf with CityLife Community Care

for the following purpose

I understand that only information relevant to my\our\our childs well-being will be shared, and conducted according to Duty-Of-Care & Privacy Laws (please tick)

Yes

Signature Date