



PERMISSION FOR ADDITIONAL INFORMATION
All details treated in the strictest confidence

Registered Charity No. 1020016 www.hopesdreams.org

CHILD'S NAME.....Date of Birth.....
NAME OF PARENT/GUARDIAN.....
ADDRESS.....
.....POST CODE.....
TELEPHONE NUMBER (Day)..... (Evening).....

TO WHOM IT MAY CONCERN

The 'Hopes & Dreams' team may require further medical notes and information, which might help them in organising a dream for the above child.

You therefore have my permission to give said privileged information to them.

I understand that they will treat any such information they receive from you in the strictest confidence.

Yours faithfully

X.....X

Parent /Guardian