**Form A REQUEST from Children’s Services Department For Primary Care Report**

Please complete a **Child Information Form and Parent or Carer Information Form for each individual listed**. Please send reports electronicallly to email address below.

Section 17 Enquiry [ ]  Section 47 Enquiry [ ]  (Please tick)

Consent attached (needed for section 17 enquiry) Yes [ ]  No [ ]

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| **Child’s Name** | **DOB** | **NHS number** | **Address** |
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| **Parent / Carer name(s)** | **DOB** | **NHS number** | **Address** |
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| **Reason for request** | **Report requested by** |
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