



PERMISSION FOR ADDITIONAL INFORMATION
 All details treated in the strictest confidence

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.

We cannot help the children financially or with medical care, but we can make a sick child's dream come true.

Yours faithfully

X.....X

Parent /Guardian