CONSULTATIONS ON <NAME OF PROJECT>  
Parent/Carer Passive Consent Form

I

(*please print name of parent)*

DO NOT AGREE

for my child

(*please print name of child)*

to participate in the <insert organisation’s name> consultations on <focus of consultations>.

Name

Signature

Child’s name

Date Phone

If you do not wish your child to participate in the consultations, please return this form to <school/centre/organisation> by <date>.

If you do not return this form, we will assume that you have given permission for your child to participate in the <group discussion/interview/consultation> held by <organisation>.