



Consent Form for the Wexford Rape Crisis Centre to communicate with external agencies in relation to a young person:

TO WHOM IT MAY CONCERN:

I hereby give my written consent for **Wexford Rape Crisis (WRC)** to make contact with the following agency/person to access information on my son/daughter.

I understand I may withdraw my consent at any time by notifying WRC.

Name of Agency/Service: _____
Role: _____
Name: _____
Contact Details: _____

Name of young person: _____
Address of young person: _____
Date of birth: _____
Guardian/Parent Name (print name): _____
Guardian/Parent Signature: _____

On behalf of WRC:
Signature: _____
Role in WRC: _____
Date: _____