

## What is SSPF – collaboration between schools, social services, police and leisure activity associations

**If you are holding this letter, it means that there are many who are concerned for your child, but also that we are many who want to help and cooperate to make sure things go well.**

By signing our consent form (see second page), we can come together to make sure that your child receives the best possible support.

If you have any questions or concerns regarding consent, please contact our SSPF Coordinators. They can tell you more about what it means to leave consent and what we will do going forward.

### **In Östersund municipality**

SSPF is a permanent forum for information exchange concerning the young people of Östersund municipality.

The target group of SSPF are children and young people between the ages of 12 and 16. Social services, schools, the police and leisure activity associations make up the foundation of SSPF, but in situations where it is deemed valuable, and with the consent of the child's guardian, other parties may become involved.

### **Consensus to better be able to help the child**

SSPF helps coordinate and unite efforts concerning your child. Through consensus about what can be done for the child, we can offer better help at an earlier stage, and avoid your child ending up in a disadvantageous situation.

### **Guardians dissolve rules of confidentiality**

SSPF's work is based on the child's guardians giving their written permission for the three authorities to forego confidentiality and speak about the child openly. The leisure activity association does not operate under confidentiality.

## Consent to exchange of information – form

### Guardian

I consent to social services, the school, police and leisure activity associations (SSPF) collaborating to see to my child's needs. I hereby allow the aforementioned authorities to exchange information about my child without the restraint of confidentiality.

My consent **only applies to information** needed by the collaborating authorities to provide my child with the best possible aid.

My consent applies until \_\_\_\_\_ or until stated otherwise.

I may withdraw my consent at any point.

Town/city and date: \_\_\_\_\_

Guardian's signature:

\_\_\_\_\_ / \_\_\_\_\_

Name in block letters:

\_\_\_\_\_ / \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's personal identity  
number: \_\_\_\_\_