

A permission for a referral to the *Centre for child development and behaviour* and the exchange of the relevant information

Regarding: _____
Name of child/youth and social security number (kennitala)

I hereby give my consent for:

- An assessment referral to the *Centre for child development and behaviour* (Þroska- og hegðunarstöð).
- The relevant information about the child being acquired from school, health care and other specialists and the same agencies receiving information as necessary.
- Written material will be sent to recipients by ordinary mail.
- Allowing a recording of psychological tests or interviews for processing purposes.

This permission is given to the referrer and professionals at the *Centre for child development and behaviour* upon the condition that all material is treated with the utmost confidentiality.

Place: _____ Date: _____

Signature of youth 16-18 years of age

Signature of parent/s

Staðfest af tilvísanda: _____
Signature of referrer

Please send the signed permit and the completed referral form to:
(Undirritað leyfi ásamt tilvísun sendist til)

**Þroska- og hegðunarstöð – Inntökuteymi
Þönglabakka 1
109 Reykjavík**