



Brabant-Zuidoost

To the parent(s) / guardian(s) of:

Dear parent(s) / guardian(s),

Since your child recently moved or is going to a school situated outside the Southeast Brabant region, another youth healthcare organization is taking over your child's youth healthcare services.

To best continue the youth healthcare, it is important that we transfer your child's 'Digital File Youth Healthcare' to the new caregiver. We need your approval to make this happen though.

- Is your child aged 12 up to 16 years, than not only you have to give consent to the file transfer, but your child also needs to do so.
- Is your child aged 16 years or up, than solely your child decides whether the digital file can be transferred. In this case, only the teenager signs the related consent form.

Please return* the consent form within 14 days to:

GGD Brabant-Zuidoost
Attn.: JGZ Administration
P.O. Box
XXXX XX EINDHOVEN

*No stamp required.

We appreciate your cooperation.

With kind regards,

Team Youth healthcare

Postadres

Postbus 8684
5605 KR Eindhoven
Telefoon 088 0031 100
Fax 088 0031 199

Bezoekadres

Clausplein 10
5611 XP Eindhoven

info@ggdbzo.nl
www.ggdbzo.nl

KvK nr. 50451154





REGISTRATION CONSENT TRANSFER DIGITAL FILE YOUTH HEALTHCARE (JGZ)

Name child	
Date of birth child	
Signature teenager and parent/guardian to consent file transfer* * if the teenager is aged 12 years up to 16 years.	<input type="checkbox"/> Yes, I consent transfer of my file to the new caretaker. <input type="checkbox"/> No, I do not consent transfer of my file to the new caretaker. Teenager..... Parent/Guardian.....
Signature teenager to consent file transfer* * if the teenager is 16 or older.	<input type="checkbox"/> Yes, I consent transfer of my file to the new caretaker. <input type="checkbox"/> No, I do not consent transfer of my file to the new caretaker. Teenager.....
Date of signing	