



Action for Young Carers

Young Carer Card form

Name:	
Address:	
Date of birth:	
Name of cared for:	
Relationship to cared for:	
Condition(s) being cared for:	
Level of consent	Medication Y / N
	Diagnosis Y / N
	Prognosis Y / N
	Other:

Parent/Guardian/Cared for consent:

Young Carer agreement:

I give permission for the above named young carer to be identified to interested parties, for a photograph to be taken and printed on the card and for the above levels of information to be shared with this young carer and I understand that this card will be withdrawn if the young person is no longer a young carer.	I understand that this card is only a communication guide for health professionals, is not an official ID card and will be withdrawn if I am no longer a young carer.
Signed:	Signed:
Name:	Name:
Relationship:	Date:
Date:	

Office use

Date Issued:	Expiry Date:
Serial no:	