Reykjavík

Confidential

Service Provider Request for Púlsinn

Emergency and Response Team

Service Provider/Institution sending the request:	**Name:**	**Email:**	**Phone:**

Child's Name:	**Child's ID No. (Kennitala):**	**Child's Legal Residence:**	**Phone:**
☐ The child has two guardians ☐ The child has one guardian	**Is interpretation required?** Yes/No: _____ If yes, which language? _____		

Guardian A:	**ID No. (Kennitala):**	**Legal Residence:**	**Email:**	**Phone:**
Guardian B:	**ID No. (Kennitala):**	**Legal Residence:**	**Email:**	**Phone:**

By signing this request, I confirm that I have received information regarding its content and the services available. Furthermore, I have been informed of how the processing of personal data will be conducted following the signing of this request. This information can be accessed by scanning the QR code or visiting the URL below:

Url: https://reykjavik.is/en/pulsinn/processing_and_disclosure_of_personal_data

Signature of Guardian A	**Date:**
Signature of Guardian B (if applicable):	**Date:**
Signature of Child (if applicable):	**Date:**

Has the child or guardian requested integrated services? Yes/No: _____

Through integrated services, the child and/or guardians can request and authorize service providers to consult and share information with the aim of assisting the child. If parents wish to request the integration of services in the interest of the child's prosperity, they can do so here: https://island.is/s/bofs/eydubloed-vegna-farsaeldar or on the website of their municipality of legal residence.

Contact Person/Case Manager (if applicable):

Púlsinn
BRÁÐA- OG VIÐBRAGÐSTEYMI