



Lincolnshire  
COUNTY COUNCIL  
*Working for a better future*

Name

[REDACTED]

D.O.B

**18/01/2009**

Expiry Date

**03/09/2023**

Cares for

**Mum and Dad**



**I have written consent to discuss with you:**

1. Medication Yes
2. Diagnosis Yes
3. Prognosis Yes
- 4.

**I AM A YOUNG CARER,  
I NEED TO BE INCLUDED, TALK TO ME**

Young Carers Identification Number     **367**    

Lincolnshire Young Carers Service