

## FORM A - Consent for Sharing Information

### STUDENT DETAILS:

<b>First Name</b>		<b>Surname</b>		<b>DOB</b>	
<b>E No.</b>	E	<b>School</b>		<b>Suburb</b>	

I/We provide informed and express consent for the sharing of information as detailed below:

1. I consent to \_\_\_\_\_ staff contacting the providers/agencies indicated below regarding my child.
2. I also authorise \_\_\_\_\_ to provide the agencies identified below with information \_\_\_\_\_ has regarding my child's health or educational needs.
3. I consent to all relevant health and/or educational information held by the providers/agencies detailed below to be provided to \_\_\_\_\_. This includes, but is not limited to hearing and vision assessments and any other health, education or early intervention reports that are considered relevant to the assessment of, or educational provision for, my child's needs. I understand that this information will be collected and used by \_\_\_\_\_ to inform health and safety management strategies and educational programming for my child.

Name of Professional	Agency	Contact Details, e.g. phone or email

### CONSENT:

<b>Parent/Carer/Guardian Name:</b>	<b>Parent/Carer/Guardian Signature:</b>
	<b>Date:</b> <a href="#">Click here to enter a date.</a>
<b>Parent/Carer/ Guardian Name:</b>	<b>Parent/Carer/Guardian Signature:</b>
	<b>Date:</b> <a href="#">Click here to enter a date.</a>

Please refer to the school's information about its use and disclosure of information and information, regarding its privacy policy. Further clarification is available on request from the principal.