

Parent/Carer Permission Form



Wauchope High School

This form is to be completed by parents or carers in advance of any therapeutic service provision commencing in school. This form is to be filed in the Student Record Card.

PARENT / CARER TO COMPLETE THIS SECTION			
Student Name		Date of Birth	
Class Teacher		Year Level	
Service Provision Requested (Please select requested therapy, frequency and session length)			
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice per term <input type="checkbox"/> 30 minute session <input type="checkbox"/> 45 minute session <input type="checkbox"/> 60 minute session	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice per term <input type="checkbox"/> 30 minute session <input type="checkbox"/> 45 minute session <input type="checkbox"/> 60 minute session	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice per term <input type="checkbox"/> 30 minute session <input type="checkbox"/> 45 minute session <input type="checkbox"/> 60 minute session	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Once or twice per term <input type="checkbox"/> 30 minute session <input type="checkbox"/> 45 minute session <input type="checkbox"/> 60 minute session
<p>Time and day to be determined in consultation with teacher/therapist. Parents are to be notified and kept updated of any changes through Communication with the therapist/s.</p> <ul style="list-style-type: none"> ▫ The school may also share information with the Contractor. ▫ This information may include personal and health details about my child, such as the nature and implications of their medical condition. ▫ The purpose of sharing this information is to assist the school in arranging and providing appropriate support for my child during school hours and school-related activities. ▫ The School Principal may discuss this information with relevant Department staff to ensure appropriate care for my child. ▫ The school will not share this information with any third parties except as required by law or in accordance with legal obligations. ▫ As a parent/carers, I can request access to the information provided by the Contractor through the School. ▫ The school will manage and store this information in line with the Department's guidelines and legal obligations for information handling. 			
Parent/Carer Name:		Email Address:	
Parent/Carer Signature:		Date:	