PARENT / CAREGIVER CONSENT AUTHORITY

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| --- | --- | --- | --- | --- | --- |
| Student SURNAME: | | | Date of birth: | | |
| Student GIVEN NAME: | | | Age: | | |
| School: | | | Gender: | | |
| School year level: | | | | | |
| Parent/Caregiver: | | | Home phone: | | |
| Home address: | | | | | |
| General Practitioner: | | Contact Details: | | | |
| Medical Specialist: | | Contact Details: | | | |
| OTHER AGENCIES OR PROFESSIONALS: | | | | | |
| Agency Professional | Contact Person | | | | Contact Details |
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| The school team should ensure that the student and parents (where applicable), are supported to understand the role Student Support Advisors and to record agreement with actions as listed below, where appropriate: | | | | | |
| INFORMED CONSENT | | | | | |
| The school team has discussed with me the educational support requirements for my child and I agree to work with the school team to achieve positive learning outcomes for my child. | | | | | |
| I consent to the school sharing relevant personal information about my child with a Student Support Advisor. I understand that the name of this officer will be provided to me. | | | | | |
| I consent to the provision of services to my child by the Student Support, which may include assessment, counselling, observation, advice, in-class support, teaching strategies and ideas, and the development of a plan to meet the needs of my child. | | | | | |
| I consent to the Student Support obtaining medical and educational information from other agencies which is considered relevant to the provision of services to my child. This includes medical reports, hearing and vision assessments and any other relevant allied health or education reports. | | | | | |
| I agree that any information collected about my child will be accessed and collated as confidential information and placed on a secure electronic database and hard-copy file in regional offices. | | | | | |
| I consent to the use of the collected information about my child for the purposes of compiling a developmental learning profile. | | | | | |
| Parent/ Caregiver Signature | | | | Date | |
| Parent/ Caregiver Name: | | | | | |
| Student signature: | | | | Date | |
| School team representative Name: | | | | Position | |
| School team representative signature: | | | | Date | |

2016

FILE2015/316

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