

Parent/Guardian Consent

Student's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian
Address: _____

Telephone: _____

Email: _____

Please indicate your consent by ticking the box beside the statements below:

I give consent for my child to receive therapy services from Hear and Say as requested by the school. I understand that these services may include Speech Therapy, Occupational Therapy, Physiotherapy, Teacher/Educator, Teacher Aide/s.

I give consent for Therapists/Educators to discuss my child's learning needs with therapist from other support agencies (DET, Q Health, private therapists).

I give consent for (Name of School) _____, to release information regarding my child to the Hear and Say. I understand that this may include reports from Occupational Therapy, Physiotherapy, Speech Language, Educator, IEP/ILP or School.

I understand that information will be used by therapists to support my child's education and to complete the Support Data associated with funding requirements.

I understand that assessment and/or follow up services will be provided as required and appropriate, and that this may involve discussions with other agencies about my child.

I give permission for a meeting regarding my child to proceed if I am unable to attend.

There are court orders / custody arrangements which apply to my child:

No

Yes - copies of relevant document/s must be provided prior to commencement of services

Parent/Guardian Name: _____

Parent/Guardian
Signature: _____

Date: _____

Privacy Collection Notice: The personal information gathered by Hear and Say on this form is for the purpose of delivering services to improve access to and participation in curriculum and educational outcomes and will not be used for any other purpose or given to any other party unless you have consented or we are authorised by law to do so.