



Consent to Share Information

Information sharing with third parties

Consent for information sharing with third parties

Student details

First name		
Surname		
Date of birth		
School name		E Number
School address		

Parent consent

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

1. I/we consent to school staff contacting the providers / agencies indicated below regarding my child.
2. I/we also authorise school staff to provide the providers / agencies listed below with information regarding my child's health or educational needs.
3. I/we consent to all relevant health and/or educational information held by the providers/agencies detailed below to be provided to the school. 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.
4. I/we understand that this information will be collected and used by to inform health and safety management strategies and educational program for my child.

Name of provider/agency	Agency	Contact details
Add rows as required		

Parent Name

Parent Signature

Date

Parent Name:

Parent Signature

Date

Please refer to the school's website for further information about our Privacy Policy and the Privacy Collection Notice - Students and Parents. Further clarification is available from the principal on request.