



CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

The role of Department of Education, School of Special Educational Needs: Medical and Mental Health (SSEN:MMH) teachers attached to Health Department teams is to provide support for your child's educational and/or school transition needs.

Your consent is sought to contact your child's school and/or associated Education Office or Student Services Team for relevant information.

This information will be used and shared with the health team and other appropriate agencies as necessary to assess, support and enhance your child's educational outcomes. The ongoing exchange of information will continue while your child is being supported by SSEN:MMH.

Health teams, in conjunction with SSEN:MMH, occasionally utilise information obtained from schools for the purposes of monitoring and evaluating the effectiveness of the programs we offer to your child and others. All data used will be de-identified.

If you would like further information or have any concerns then please telephone 9340 8529. **If you should choose to withdraw your consent then please advise me in writing.**

Thank you for your support.

Yours sincerely

GRANT WHEATLEY
PRINCIPAL

Student Name: _____ Date of Birth: _____

Parent / Legal Guardian: _____

Parent / Legal Guardian Email Address: _____

Home Address: _____

Telephone: _____ Alternative Contact: _____

Name of School: _____ Year Level: _____

I give my consent for the above school, associated Education /Student Services Office or other relevant agency to be contacted. I understand any information exchanged will only be used for the stated purposes.

Signed Student: _____ Signed: Parent /Legal Guardian: _____

Witness Name: _____ Witness Name: _____

Witness Signature: _____ Witness Signature: _____

Date: / /

Date: / /

NB: For students under 18 years of age it is only the parent/legal guardian who can complete this form. If the referring medical practitioner feels that this is not appropriate because the student is deemed to be a mature minor, then the medical practitioner must provide signed and dated certification confirming the students mature minor status.