



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 Department of Health 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 and will include sharing digital work records and samples, which may contain photos. 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 6456 0383. 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:		
Home Address:		
Parent / Legal Guardian Email 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 Parent/Legal Guardian:		Relationship to student:	
Witness Name:		Date:	
Signature:		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 student's mature minor status.