



25 McArthur Ave, St Albans 3021
9366 2071 www.saeaps.vic.edu.au
st.albans.east.ps@education.vic.gov.au

CONSENT TO OBTAIN/RELEASE CONFIDENTIAL INFORMATION

Your permission is requested to allow for sharing of verbal and written information regarding your child with relevant professionals external to the school. External professionals can include but are not limited to - GP's, Paediatricians, medical and allied health professionals, Family Services, Early Intervention Services, NDIS Services and other relevant agencies. Sharing of information will be used to assist in assessment, treatment planning and referral.

I _____ (**Parent/Guardian name**) hereby give permission
for **St Albans East Primary School Staff** to exchange confidential information involving:

- Medical reports
- Specialist reports
- Psychological Assessments and Reports
- Psychiatric Assessments and Reports
- Talking to relevant DET staff, school based professionals and non-school based professionals to discuss participation and progress in any identified programs
- Talking to relevant DET staff, school based professionals and non-school based professionals to discuss general presentation and behaviours.
- Student Services Files - if appropriate (inclusive of assessments by the School Guidance Officer and Speech Therapist)
- Files maintained by the classroom teacher (for the purpose of conducting an educational program, inclusive of copies of student reports).

Other _____

regarding my child/child in my care _____ (**Student's name**)

Signature: _____ **Date:** _____

**EXCELLENCE
IN EDUCATION**