



Permission To Share Support Information

PRIVATE AND CONFIDENTIAL

Dear Parent/Caregiver,

We would like to work with you, support agencies and personnel to further assist your child:

Student Name: _____

Date of Birth: _____ of Class: _____. May need additional support information shared and/or you have requested we share information about your child. Please give permission, as per below, for this support to occur.

Dear Principal/Counsellor/Psychologist at Merimbula Public School,

I hereby give my permission for school staff at Merimbula Public School (and School Psychologist, as appropriate) to exchange information, that would be helpful, regarding my child from the organisations listed below:

Privacy Notice: I understand that this exchange of information is for the sole purpose of improving my child’s educational needs and management within the school, as well as, the quality of the support my child receives from other professionals outside the school and only give permission for information to be shared with such a purpose in mind. It may, as appropriate, be provided to other members of the school staff involved in supporting my child. Provision of this information is voluntary. It will be stored securely. I am aware that I am able to withdraw this consent at any time.

Parent/Caregivers Name: _____

Parent/Caregivers Signature: _____ Date: _____

