

Form SO:03.01.F3
Permission – Sharing information and contacting outside organisations



Policy – Inclusion

Area – Operations

Service name:		Date:	
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I, _____parent / guardian of
_____, give permission for the educator / C&K personnel to contact other organisations and specialists who are already involved in my child’s health and development to obtain information and suggestions to achieve quality educational outcomes for my child. This also includes my permission for the educator to share information on my child with other specified educators (such as advisory visiting teachers, Early Childhood Development Program (ECDP) educators and inclusion support facilitators) and medical specialists.

Parent / Guardian Signature:		Date:	
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