



## Information Access Permission

In accordance with the Brisbane Catholic Education Privacy Statement, permission is given by the parent/s or guardian/s of a student to allow the Principal or school representative to contact, collect and record any relevant information (either orally or via documentary material or reports) about the child.

I/We \_\_\_\_\_ (Parent/Guardian) hereby authorise and direct *St Agatha's School* (Principal or school representative) to collect information (either orally or via documentary material) from the following, who *may* hold relevant information in relation to my child \_\_\_\_\_ (child's name) \_\_\_\_\_ (date of birth).

Services accessed:	Name of Provider	Specific person to contact	Contact Details Phone &/or email	Copy of reports, relevant information attached
<b><u>Previous</u></b> Daycare/Kindy/Pre Prep or School Setting	Days attended:			<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<b><u>Current</u></b> Daycare/Kindy/Pre Prep or School Setting	Days attending:			<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not yet available
<b>Medical:</b>				
General Practitioner				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Paediatrician				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Psychiatrist				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
ENT Specialist		Date of grommets:		<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Audiologist		Date of Hearing Test: Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Other				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<b>Additional Services:</b>				
Speech Pathology				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Occupational Therapy				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Physiotherapy				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Psychologist				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Guidance Officer/Counsellor				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Advisory Visiting Teacher				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Other				<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

I understand and acknowledge that the information collected will be shared and stored by St Agatha's School strictly for the purpose of enrolment application and/or ongoing education provision.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_