



## 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 my child \_\_\_\_\_ (child's name) \_\_\_\_\_ (date of birth)

<b>Services accessed</b>	<b>Name</b>	<b>Specific person to contact</b>	<b>Contact Details Phone &amp;/or email</b>
<b>Previous</b> Daycare/Kindy/Pre Prep Setting	<b>Days attended:</b>		
<b>Current</b> Daycare/Kindy/Pre Prep Setting	<b>Days attending:</b>		
<b>Medical</b>			
General Practitioner			
Paediatrician			
Psychiatrist			
Other Medical eg ENT for ear infections/grommets			
<b>Additional Services</b>			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			
Guidance Officer/ Counsellor			
Advisory Visiting Teacher			
Audiologist			
Other			
Other			

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. *\*\* It would be greatly appreciated if this form and copies of reports from any of the above personnel could be provided to the Principal at the enrolment interview.*

**Parent/Guardian Signature/s:** \_\_\_\_\_ **Date:** \_\_\_\_\_