



Exchange of Information

Child's name: _____

Date of birth: _____

I hereby grant permission to Wamberal Public School for the exchange of information concerning my child with the following agencies involved in my child's care:

	Organisation	Name of practitioner	Phone and email address	Frequency of service accessed	Year service was last accessed
General Practitioner (Dr)					
Paediatrician					
Psychiatrist					
Psychologist					
Speech Therapist					
Occupational Therapist					
Previous school / preschool					
Other					

I also grant permission for interchange of information concerning my child between the Department of Education and the Department of Health.

Signed: _____ Name of parent / carer: _____ Date: _____

Address: _____ Phone number: _____