



Consent Form – Permission to give your child's name and information to local agencies.

Background – As part of our practice of caring for your child, we will from time to time come across reasons to consult or refer your child to non DECS local agencies such as, CYH and Allied Health (Speech Pathologists, Occupational Therapists, Dietitians or Physio).

Request for Permission - McRitchie Crescent Children's Services Centre seek permission for the following

- To allow staff to consult or refer your child to CYH or Allied Health (Speech Pathologists, Occupational Therapists, Dietitians or Physio).

Note

- You will always be consulted and an appointment made by staff when your child needs their CaYH health check and will be invited to attend the session with them.
- The health checks are carried out at the centre.
- If staff need to consult or refer your child to Allied Health (Speech Pathologists, Occupational Therapists, Dietitians or Physio) you will be consulted before this action has been undertaken and fully informed of the reasons for the consult or referral.
- After referrals have been sent to Allied Health (Speech Pathologists, Occupational Therapists, Dietitians or Physio). it will be up to the parent to follow up on the referral and arrange visits etc.

Granting Permission – By completing and returning this permission form, you are granting permission for McRitchie Crescent Children's Services Centre to

- Consult with CYH when they are holding 4 year old health checks, forwarding your child's name and information to the nurse conducting the health checks.
- To allow information about issues arising from the health check to be passed on to the required services.
- Consult and/or refer your child to Allied Health (Speech Pathologists, Occupational Therapists, Dietitians or Physio) if required to put them on Allied Health's waiting list for these services.

Consent

I give my permission for McRitchie Crescent Children's Services Centre to give my child name and information to local agencies.

Child's name _____ Date _____

Parent/Guardian's signature _____ Name of Parent/Guardian _____,

Parent/Guardian's signature _____ Name of Parent/Guardian _____

Please provide signatures of both parents and/or guardian where possible