



Department of
Education and Training

Department of Education and Training Occupational Therapy and Physiotherapy Services

Parent/carer permission form

The Department of Education and Training (DET) is collecting your personal contact details on this form in order to facilitate DET occupational therapy/physiotherapy services for your child. Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact your child's school in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact your child's school in the first instance.

A DET occupational therapy and/or physiotherapy service has been requested for your child. Your written consent is required before we can contact the DET occupational therapist or DET physiotherapist and facilitate the provision of the service. Please complete the following form and return as soon as possible to:

I do give consent for

I do not give consent for

my child _____

who attends _____

to receive services from a DET occupational therapist

and/ or a DET physiotherapist.

I understand that assessment and/or follow-up services will be provided by the DET occupational therapist and/or DET physiotherapist as required and appropriate, and that this may involve discussions with other agencies about my child.

I understand that written reports about my child will not be sent to others, such as therapists from other agencies, without my consent, except as authorised or required by law. I will be asked for my consent should reports need to be sent to others.

I acknowledge that photographic/video material of my child may form a part of the assessment or records. I understand that photographic or video material will not be used for any other purpose without my permission except as authorised or required by law

I have specific issues and/or concerns about my child at school that I would like to bring to the attention of the DET occupational therapist and/or DET physiotherapist (please list below):

I wish to discuss these issues further with the therapist

Parent/carer name _____

Parent/carer address _____

Telephone _____

Email _____

Preferred contact times _____

(This information will enable the therapists to contact you for further discussion and/or to arrange a meeting time.)

Signature _____ Date _____