

Education Low Vision Assessment Centre

Parent/Guardian Consent Form

Student's name: _____ Date of Birth: _____

Address: _____

Phone/Email: _____

School: _____

Your child has been referred to the Education Low Vision Assessment Centre (ELVAC) and may benefit from the services offered. ELVAC provides a wide range of specialised vision assessments, support and information to assist students with vision impairment, their families and specialist support staff. Any Queensland child or student with a diagnosed or suspected vision impairment is eligible to receive ELVAC services.

Please note: Eye drops may be administered at the appointment, with your consent.

If you need to discuss the contents of this form before you complete it, please contact the ELVAC.

I give consent to:

- The student receiving services provided by the ELVAC. I understand that the services provided and any follow up will occur as deemed appropriate by the ELVAC staff.
- Medical reports and reports from the ELVAC being provided to the student's school Principal, Advisory Visiting Teacher-Vision Impairment and Medical Specialists, identified below. Written reports will not be provided to other external organisations without my consent, unless otherwise required by law.

Specialist Name	Address	Date of last appointment

- Please include the details above of any other provider that you would like us to share the report with (e.g. Vision Australia or Guide Dogs Qld).
- The ELVAC requesting relevant medical reports from my child's Medical Specialists, identified above (including Ophthalmologist / Paediatrician / Neurologist).

This consent will remain current for 12 months from date of signature unless revoked in writing addressed to: Education Low Vision Assessment Centre 17 Churchill Street, Woolloongabba, Qld, 4102 or by email at: 3140_ELVAC@eq.edu.au.

Statewide Vision Impairment Services - State Schools
 3140_SVIS@eq.edu.au | 07 3284 0747

Parent/Guardian Consent Form cont.

Parent / Guardian

Name: _____

Signed: _____

Date: _____

If the parent decides that the student is capable of giving their own informed consent, students are also required to sign this consent form, preferably in addition to the parent/carer's signature.

Signed: _____

Student

Date: _____

Privacy Statement

Personal information recorded on this form is being collected, used or disclosed for the purpose of ELVAC services, including advice to the school team regarding appropriate adjustments supporting the personalisation of the student's education program. The information will be kept in a secure location and will only be accessed by relevant departmental personnel. Non-identifying information may be used to contribute to quality assurance processes within the Education Low Vision Assessment Centre. Personal information recorded on this form will not be given to any other person or external body unless consent has been provided or the department is permitted or required by law to use or disclose such information.