Melbourne Archdiocese
Catholic Schools

# Consent to Share Information

Information sharing with third parties

## Consent for information sharing with third parties

| Student details | | |
|---|---|---|
| First name | | |
| Surname | | |
| Date of birth | | |
| School name | | E Number |
| School address | | |

## Parent consent

I/we provide informed and express consent for the sharing of information as detailed below:

1. I/we consent to school staff contacting the providers / agencies indicated below regarding my child.
2. I/we also authorise school staff to provide the providers / agencies listed below with information regarding my child's health or educational needs.
3. I/we consent to all relevant health and/or educational information held by the providers/agencies detailed below to be provided to the school. This includes, but is not limited to, hearing and vision assessments and any other health, education or early intervention reports that are considered relevant to the assessment of, or educational provision for, my child's needs.
4. I/we understand that this information will be collected and used by to inform health and safety management strategies and educational program for my child.

| Name of provider/agency | Agency | Contact details |
|---|---|---|
| | | |
| | | |
| | | |
| Add rows as required | | |

| **Parent Name** | **Parent Signature** | **Date** |
|---|---|---|
| **Parent Name:** | **Parent Signature** | **Date** |

*Please refer to the school's website for further information about our Privacy Policy and the Privacy Collection Notice - Students and Parents. Further clarification is available from the principal on request.*