

# TEMPLATE Parent/Guardian Consent to Share Information

To record freely given, informed parent/guardian consent to share their information about the identified child.

## Child's Details

Child's given name:

Child's family name:

Date of Birth: dd/mm/yyyy / /

Gender:

Name of Children's Service:

## Section 1: Proposed Information Uses and Disclosures

The disclosed information will be pertaining to the identified child's education and care programming.

This template may be used to share information with a range of services including the maternal and child health nurse, other health and development organisations or to share information with a primary school. This template has been designed to assist services when providing information pertaining to the child's educational programming, strengths, potential, specialised needs and health or medical history to external organisations. The early childhood teacher will fill out this form in consultation with parents.

Service providing information	Service receiving information	Type of Information
Examples: - Name of Kindergarten program	Examples: - Primary School - Special Developmental Schools - Maternal and Child Health Nurse - Kindergarten Programs	Examples: - Child's development and learning needs - health and medical records

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## Section 2: Record of Parent/Guardian Consent

### 2(A) Written Parent/Guardian Consent

2(a)

*The early childhood teacher at this kindergarten program has discussed with me how, and why certain information about the child may need to be provided to the service indicated above.*

*I understand the recommendations and I give my permission for the information to be shared as detailed above.*

Parent/guardian Signature: \_\_\_\_\_

Date: dd/mm/yyyy / /

Signed by:  Parent/Guardian

Name: \_\_\_\_\_

Witnessed: \_\_\_\_\_

(Early childhood teacher)

Early childhood teacher name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

To ensure the parent/guardian is able to make an informed decision about consent to the disclosure of their information, the service provider should: (tick when completed)

1. Discuss with the parent/guardian the proposed disclosure of information to services as indicated above
2. Explain that the identified child's information will only be released to the indicated above
3. Provide the parent/guardian with information about privacy, such as the Department of Education and Early Childhood Development's privacy policy
4. Provide the parent with a copy of this form and any attachments once completed

<b>This information collected by:</b>		PCSI Page 1 of 1
Name:	Position/Kindergarten Program:	
Sign:	Date: dd/mm/yyyy / /	Contact number: