

## Authorisation to contact doctor

*This form is to be completed in English by the parent/carer*

Name of student \_\_\_\_\_

Name of school where student is enrolled or seeking enrolment

I have been advised that:

1. the school may need to discuss the implications of my child's medical condition/s with their treating doctor so that the school can develop and implement an individual health care plan.
2. the information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the school providing support for my child during school hours and during activities conducted under the auspices of the school.

I am advised that information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the individual health care plan.

I consent to the health care professional identified below to provide the Department of Education and Communities/school with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder, that might impact on the school providing support for my child during school hours and during school related activities.

<p><b>Doctor's information:</b></p> <p>Name of doctor: _____</p> <p>Address of doctor: _____</p> <p>Doctor's phone number: _____</p> <p>Doctor's mobile if known: _____</p> <p>Doctor's email if known: _____</p> <p>Doctor's fax if known: _____</p>
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Signature of parent/carer \_\_\_\_\_

Name of parent/carer (please print) \_\_\_\_\_

