

## Authorisation to contact doctor

This form is to be completed by the parent/carer.

My child (student's name) \_\_\_\_\_ is currently enrolled or applying for enrolment at \_\_\_\_\_.

I have been advised that:

1. The school may need to discuss the implications of \_\_\_\_\_ (child's name) medical condition(s) with their treating doctor so that the school can develop and implement an individual health support 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 support plan. I understand that the Department of Education can contact my child's doctor to seek information to assist it in the management of my child's medical condition at school.

I consent to the health care professional identified below to provide the Department of Education/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.

### Doctor's information:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile (if known): \_\_\_\_\_

Email (if known): \_\_\_\_\_

Signed (parent/carer): \_\_\_\_\_ Date: / /

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