



The Ponds School
Believe Learn Achieve

The Ponds School
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Principal: Mrs Leonie Donaldson

CONSENT FOR EXCHANGE OF INFORMATION

PERMISSION FORM FOR GIVING AND RECEIVING INFORMATION

The therapists will need to give and receive information about the student. This could be with caseworkers, previous therapists, specialist doctors or others who have worked with your child.

_____ (your name)

give my permission for the giving and receiving of information with people who work with my child:

_____ (student's name) who attends The Ponds School.

Are there any people who work with your child that you would like us to contact to help us in working with your child?

Please list anyone you **do not** want us to contact.

The reason for the giving and receiving of information has been explained to me. I understand that I have the right to stop the giving and receiving of information at any time if I wish.

Signed: _____

Date: _____