

Parent Consent Form

By signing this form you are authorising the exchange of information between Clever Bees staff and other professionals involved with your child. You have the right to withhold your permission now, or at any time in the future.

I give permission for Clever Bees to have contact with:

General Practitioner:	
Paediatrician:	
School staff:	
Preschool staff:	
Speech Pathologist:	
Psychologist:	
Physiotherapist:	
National Disability Insurance Agency:	
Coordinator of Supports:	
Other:	
Other:	

This consent is relevant for one year from the date of signing.

Are there any court orders in play for your child: (please circle)

Yes - please provide a copy

No

Child's Name:

Date of Birth:

Name of Parent/Guardian

I **do not** give consent for information to be exchanged with the following services:

Parent/Guardian Signature: _____ **Date:** _____