



KELLYVILLE RIDGE PUBLIC SCHOOL

Cnr Singleton Avenue & Greenwich Street Kellyville Ridge NSW 2155
 Phone 8883 0480 | Email kellyridge-p.school@det.nsw.edu.au

EXCHANGE / RELEASE OF INFORMATION

I give permission for the School Counsellor and School staff at Kellyville Ridge PS to exchange information with the professionals below regarding my son / daughter.

I understand that the school may need to discuss the implications of my son's or daughter's medical condition so that the school can consider support for him or her during school hours.

I give my permission for the doctor named below to give the school information about how to manage my son's or daughter's health condition at school.

Child's name: _____ Child's DOB: _____
 Child's address: _____
 Parent's name: _____
 Parent's contact number: _____
 Parent's email: _____

I understand the information given may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed: _____ Date: _____
 Parent/Guardian

Preschool: _____ Days in attendance: _____ Teacher's name: _____ Contact Number: _____ <i>Please make your child's Preschool aware of the application as the school may need to contact them to complete forms and checklists.</i>	Professional's name: _____ Position/Role: _____ Frequency of therapy/service: _____ Contact Number: _____ Professional's address/email: _____ _____ Reports provided to school? Yes / No
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