



EXCHANGE OF INFORMATION PERMISSION

I give permission for relevant staff members from Willmot Public School to exchange information (medical / psychological / educational) about

(name of child)

(date of birth)

with the following agencies and professionals:

(Please list name / organisation and contact number)

I understand that this may involve the exchange of written reports as well as verbal communications. All information will be treated in a confidential manner with due regard for privacy issues. Information exchanged will be used for planning and accessing appropriate support at school.

Parent/Carer Name _____ Phone No. _____

Signature _____ Date _____