



EXCHANGE OF INFORMATION PERMISSION 2020

I give permission for William Rose School to exchange information with the following practitioners or organisations on my behalf to follow up on support for my child.

(Please provide contact details for all practitioners/organisations that you are happy for us to contact)

Practitioner/Organisation Type	Name and Contact Details
NDIS	
Specialist Doctors	
Therapists	
Post-school providers	
Case Workers	
Previous Schools/Teachers	
Other	

I understand I have the right to stop the giving and receiving of information at any time by notifying the school in writing.

Child's Name: _____ NDIS Number: _____

Parent/Carer Name: _____ Parent/Care Signature: _____

Date: _____