SECTOR CAPACITY BUILDING PROGRAM
CONSENT TO COMMUNICATE WITH EXTERNAL PROFESSIONALS

Children's Services
Since 1895

Name of preschool: _____(the preschool)

Child's name: _____ Date of birth: _____

I/We give consent for staff from _____ (preschool name) to exchange information with the following professionals who work with my/our child.

I/We understand that communication will be respectful and related to providing coordinated support and consistency for our child. We will update the following contacts if they change or as any new professionals become involved. I/We understand this document will be stored confidentially in my/our child's file at preschool.

Date: _____

Parent/Guardian 1 Name: _____ Signature:_____

Parent/Guardian 2 Name: _____ Signature:_____

Please provide details of any doctors, therapists, allied health professionals and other early childhood education and care services below.

If you stop working with any professionals listed below, please tick the "no longer involved" box. As any new professional becomes involved with your child, please add them to this list as soon as possible.

NAME	TITLE *(e.g. Paediatrician)*	ORGANISATION *(e.g. Aspect)*	PHONE NUMBER	EMAIL ADDRESS	NO LONGER INVOLVED
					☐
					☐
					☐
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