

Occupational Therapy and Physiotherapy Services

Consent form

Your school has identified that you/your child may benefit from Department of Education Occupational therapy and physiotherapy services. **If you would like (your child) to receive occupational therapy and physiotherapy services, please complete and return this form.** If you do not want (your child) to receive the service, do not complete the form and let the teacher/principal know.

Department of Education Occupational therapy and physiotherapy services support students to access and participate in school life. The service may include an assessment of the student, recommendations about their education and follow up. Services may be provided by an occupational therapist, physiotherapist or both. Services may also be provided to the student's teacher/s or teacher aides. The occupational therapy and physiotherapy team will provide you with specific information about the services planned for the student. You can withdraw consent any time in writing, or by speaking with your school, the occupational therapist, or physiotherapist.

Privacy Notice

The Department of Education is collecting personal information regarding your child and yourself in order to provide occupational therapy and physiotherapy services at school and at other education sites. This information will not be used for any other purpose or given to any other person or agency unless you have given us permission or we are authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the information on this form or discuss how it has been used or stored, please contact your child's school. If you have feedback or a complaint about the way your personal information has been managed, please contact your child's school.

SCHOOL TO COMPLETE

Student Name: _____ **Date of birth:** _____

Please return this form to: _____ **School:** _____

Services are being requested to support the student to: _____

STUDENT OR PARENT/CARER TO COMPLETE (please print)

I consent (for my child) to receive occupational therapy and physiotherapy services

Use of Photographic and Video Material

Photos, videos and audio recordings of you/ your child can help an occupational therapist or physiotherapist assess, support, and monitor you/ your child. Your consent is required to take these recordings. Recordings will be taken of you/ your child participating in the school program using the department's equipment. Some recordings may be used later by occupational therapy and physiotherapy services to determine changes in your (child's) condition or functioning. The materials produced will be stored in your (child's) file. Any materials not used by occupational therapy and physiotherapy services will be destroyed. Photos, audio and video material will not be used for any other purpose without your permission except as authorised or required by law. If you have any questions, please ask the occupational therapy and physiotherapy team.

- ☐ **I consent** for photos, audio or video records to be taken.
- ☐ **I do not consent** for photos, audio or video records to be taken.

Parent/carer name: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

A student with the appropriate maturity and understanding can provide consent for service by signing this form. Students who are developing skills in providing consent can co-sign the form with their parent/carer.

Student signature: _____ **Date:** _____

