

CURTIN IPP CLINIC CONSENT FORM

___ / ___ / 2022

Dear Parent / Guardian

Occupational Therapy, Speech Pathology, Social Work, Psychology, Nursing, Dietetics and Physiotherapy students and their supervisors from Curtin University will be providing services to children as part of the Health Sciences Interprofessional Practice (IPP) Program at Challis Community Primary School.

To provide this service we require permission from each parent/guardian to hold on file. The Curtin student health professionals will work as a team to provide a service for your child. You are more than welcome to attend any sessions that your child receives.

If you have any questions please contact your child's teacher or Curtin IPP Coordinator on 0466 795 448 or visit us at the Curtin IPP Clinic in the Challis Parenting and Early Learning Centre.

Kind regards,
Curtin IPP Team

PERMISSION

I give permission for my child _____
to participate in sessions provided by Curtin students. YES NO

Are there any services you do NOT give permission for? YES NO
If yes, please specify: _____

I give permission for taking of photos or live video/voice recordings of my child's consultation for clinical, teaching, research and educational purposes including intervention and supervision. Please be aware that these recordings may be stored in cloud locations in Australia or overseas. YES NO

I give permission for the Curtin team to contact, give and receive communication with outside health services that my child is receiving. YES NO

I give permission for the Curtin team to use my or my child's information for administrative purposes (e.g. progress notes after sessions, documentation of the number of sessions). YES NO

I understand that this consent is ongoing until revoked and/or my child no longer attends Challis Community Primary School. YES NO

Parent or Guardian's name (please print) _____

Parent or Guardian's email or phone contact details _____

Sign _____ Date _____

PLEASE RETURN TO YOUR CHILD'S TEACHER