

# Permission Form between Child Care Service and Parent / Guardian (KU Sydney South West ISA)



We have requested support from the KU Sydney South West Inclusion Support Agency (ISA). The ISA is an initiative of the *Inclusion and Professional Support Program*, funded by the Australian Government managed in **Sydney South West** by KU Children's Services. The Inclusion Support Program supports eligible child care services' staff with the inclusion of all children, including those with additional needs. An Inclusion Support Facilitator (ISF) will visit our service to discuss your child's needs at the service with our staff and support us to develop strategies that will assist your child's participation in the program. We may also request support in observing your child within the service environment. Please share your thoughts with us regarding your child's interests, strengths and needs and your expectations of our service.

**NAME of SERVICE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PERMISSION

- I/we give permission for an Inclusion Support Facilitator to visit and observe my/our child at the service.
- I/we give permission for an Inclusion Support Facilitator to liaise with the service staff regarding my/our child.
- I/we give permission for the release of information regarding my/our child to the KU Sydney South West Inclusion Support Agency.
- I/we give permission for the ISA staff to receive relevant information from other services/agencies that are supporting the care and education of my/our child.
- I/we understand that all information will be used only for the purposes of assisting the service staff with the inclusion of my/our child within the program.
- I am/we are aware that provision of this information is voluntary and that it will be stored securely.

## PARENT/ GUARDIAN DETAILS

Parent / Guardian 1

Parent / Guardian 2 (*optional*)

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This Form can be faxed to: KU Sydney South West ISA (02) 4647 9144

PERMISSION FORM TO BE SIGHTED BY ISA REPRESENTATIVE AND RETAINED BY CHILD CARE SERVICE

## CONFIDENTIALITY AND PRIVACY

KU Children's Services is bound by both State and Commonwealth legislation to protect the privacy of children and families. KU's Privacy Policy can be found on the website [www.ku.com.au](http://www.ku.com.au)

Any information that is provided will only be used for the purpose of assisting the service to plan for your child's inclusion within the program.

Revised: 12/06/07