

Personal Information Consent Form - Child

Moree Pre-School Inc.



Consent to use and disclosure of child's personal information. Must be signed by both parents or legal guardians.

I understand that **Moree Pre-School** will collect my child or legal ward (as identified below) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my child's enrolment application or as part of an application for funding for my child or otherwise in connection with the child's attendance at our service, including the child's name, date of birth, and sensitive information such as information relating to the child's health including any disability. (this may include medical records and reports)

I authorise Moree Pre-School to disclose my child's Personal information to NSW Department of Education, between services that the child attends and when necessary as a part of transition to school programs with the relevant school. Disclosure of information may also occur in the following situations:

- Medical and developmental information that is required to adequately provide education and care for the child, or
- The Department of Education and Communities, or an authorised officer, or
- As permitted or required by any Act or Law.
- Individuals will be allowed access to their personal information when they request it. Authorised persons may request to view any information kept on their child.

I understand that the Department will only use or disclose such personal information relating to the child under applicable privacy laws. In limited circumstances this may include other Australian Government agencies.

Personal information is used in the assessment of the Service's allocation of funding for individual children, teachers and/or caregivers. In not agreeing to release of personal information to the Department, an impact could be made on the overall Service funding. Under law, you may have a right of access to, and correction of, such Personal Information. Please contact us for more information in this regard.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENTS/LEGAL GUARDIANS			
PRINT FULL NAME OF PARENT/ LEGAL GUARDIAN 1		SIGNATURE OF PARENT/GUARDIAN 1	
			DATE
RELATIONSHIP TO THE CHILD (eg. Mother, father, guardian)			
PRINT FULL NAME OF PARENT/ LEGAL GUARDIAN 2		SIGNATURE OF PARENT/GUARDIAN 2	
			DATE
RELATIONSHIP TO THE CHILD (eg. Mother, father, guardian)			

