PARENT/GUARDIAN

REQUEST FOR SERVICE PROVIDER ON SCHOOL SITE &/OR RELEASE AND EXCHANGE OF INFORMATION

Updated August 2024

Hammond Park Secondary College

Parent/Guardians please use this form to request access for external service providers, such as therapy services, to support your child during school hours.

You will need to complete a separate form for each provider that you are requesting access for.

HPSC will consider your request in line with the: 1/ duty of care to staff and students; 2/ student educational and wellbeing needs, 3/ ability of the student to access the service outside school hours or through existing Department programs; 4/ provider's use of school facilities and resources.

HPSC may ask you or the provider to provide additional information.

Student details		
First Name:	**Surname:**	**DOB:**

Provider Details	
Provider Name:	
Provider Occupation:	
Organisation:	
Provider Phone:	**Provider Email:**

Parent acknowledgment
☐ **Parent/guardian gives consent for the release and exchange of information between the provider and the school.** ☐ Parent/guardian understands that principals may reconsider access for a provider at any time. ☐ Parent/guardian understands additional information about the decision making process is available on the Department of Education's public website. ☐ Parent/guardian is responsible for communication with the provider including advising the provider if their child will be absent for the planned session. ☐ Parent/guardian is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child. ☐ Parent/guardian understands the school will not cover any costs associated with the provider's access to the student at school.
Parent name:
Signature: **Date**: