



**Authority and Consent Form-
To share Personal Details and Medical History**

Students Name:	Date of Birth:
School:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

1. CONSENT GIVEN

On behalf of the individual identified above, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education and Training (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

* Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education and Training is collecting your child's personal details and medical history in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education and Training. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way: _____

AUTHORITY AND CONSENT

I hereby authorise the obtaining on my behalf of such medical assistance as(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

I consent for authorised Department of Education and Training employees to share:

- My personal details, and
- The individual's personal details and medical history

with relevant medical professionals in the event of accident or illness or as required by law.

Signature of the individual (if over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent.

Date (dd/mm/yy)

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Signature of the parent or guardian (required if the individual is under 18 years)

Date (dd/mm/yy)

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