The Royal Children's Hospital Melbourne

UR NUMBER
SURNAME
GIVEN NAME(S)
DATE OF BIRTH
AFFIX PATIENT LABEL HERE ↑

Consent – Education Institute

Immigrant Health Clinic ONLY

Name of child:_____
(First Name) (Family Name)

UR Number:_____ Year Level: _____

Child's school: _____

School contact person: _____

School contact email: _____

The Royal Children's Hospital (RCH) Education Institute works with children and young people, families, schools and education and health professionals to ensure that RCH patients continue to engage in learning and remain connected to their school community throughout their health journey.

Parent/Guardian Consent

I give my permission for the RCH Education Institute to:

☐ Support my child's educational needs via contact with an RCH teacher

☐ Contact my child's school, education sector (i.e. government, Catholic or independent) and appropriate community support agencies to collect information from your child's school (and teacher) about your child's learning, including their reading, writing, maths and other areas. We will also ask about any extra help they are getting, their friendships, and any worries about their attention or mental health.

It is important that you contact the RCH Education Institute if there is anything above that you do not understand.
For further information and advice please contact us on 03 9345 9700 or visit www.rch.org.au/education.

Name of parent/guardian: _____
(First Name) (Family Name)

Parent/guardian email address:_____

Signature:_____ Date DD/MM/YYYY

Consent - Education Institute