



Confidential Release of Information Form Yarrabah School and TheirCare

I _____ give permission for information to be exchanged between
Name of Parent/Guardian
Yarrabah School and TheirCare Out of School Hours Care concerning my child _____
Child's First and Last Name

The following information may be required to enable your child to remain safe and give staff a better understanding of their needs.

This may include:

- Individualised Learning Plans
- Health and medical records or management plans
- Behaviour support plans
- Safety management plans
- Student profiles and information regarding student communication methods and sensory or physical needs
- Verbal communication between Yarrabah School and TheirCare

Information shared and obtained will remain confidential and will only be communicated with appropriate staff members.

Parent/Guardian Signature

Date