

Caregiver Name:

I give permission for my child:

Child's full name:

Date of birth:

Yes  No I give permission for my child (stated above) to be screened by a Happy Dots Occupational Therapist.

Yes  No I give permission for my child to be filmed and/or photographed for the purposes of social media and marketing purposes

Yes  No I give permission for our child's photo and/or video to be utilised by Happy Dots and Walcha Central school

Yes  No I also authorise Happy Dots to photograph/video my child for the clinical purpose of assessing and treating

Yes  No I also provide consent for this information to be exchanged with my child's school/preschool.

Signed:

**Please complete and return this form to the person who provided this form to you,  
or email it to [karen.barnes18@det.nsw.edu.au](mailto:karen.barnes18@det.nsw.edu.au)**

**Completed forms can also be handed in at Walcha Central School front office.**

