**Parent Authority to Share Child Information**

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| --- | --- | --- | --- | --- | --- | --- |
| I |  | | parent/guardian of | |  | |
| (Parent/Guardian Name) | | |  | | (child name) | |
| give permission for | |  | | | | to share information |
| (teacher/kindergarten name) | | | | | | |
| Written and or verbal, relating to my child with | | | |  | | |
| (agency name and person) | | | | | | |

I understand the all information regarding my child is confidential and will only be used for the purpose of planning for the best outcomes for my child’s learning and development.

The information shared may include details about my child’s attendance, behaviour and development at kindergarten.

I understand that I am able to access information pertaining to my child at any time.

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| --- | --- | --- | --- |
| Parent/Guardian Signed |  | Date |  |