



Kilparrin Teaching and Assessment School and Services Statewide Support Service

1 C Duncan Avenue
Park Holme SA 5043
Tel: (08) 8277 5999
Fax: (08) 8277 5800
Web: www.kilparrin.sa.edu.au
E: dl.1372.info@schools.sa.edu.au

Request / Consent for Support - Confidential

For children / students who have hearing and/or vision impairment and additional disabilities

SECTION 1: CHILD / STUDENT DETAILS

Surname: _____ Given Name: _____ Date of Birth: _____
 Parent(s)/Caregiver(s): _____ Gender: M / F
 Address: _____ Telephone No.: _____ (work)
 _____ Post Code: _____ Telephone No.: _____ (home)
 Parent email: _____
 Site: _____ Site contact: _____
 Sensory Impairment(s): Vision Hearing
 Additional disability(s) (eg: Autism, Cerebral Palsy, Down Syndrome) (Please note this does not include speech and language disorders) _____

Note: For this referral to proceed a recent copy (within 2 years) of a medical/specialist report relating to vision and / or hearing impairment is required.

SECTION 2: INFORMATION FROM PARENT / CAREGIVER

Child's Ophthalmologist: _____ Report attached? Yes / No
 Ophthalmologist Address: _____
 Child's Audiologist: _____ Report attached? Yes / No
 Audiologist Address: _____
 Other **Service Providers** (eg CanDo4Kids, Guide Dogs SA/NT, Novita) **AND role:** (eg Physiotherapist, Speech Pathologist, Occupational Therapist): _____

PARENT / CAREGIVER CONSENT
 1. I consent to my child having support from Kilparrin Statewide Support Service. Yes No
 2. I give permission for medical details relevant to my child to be released to Kilparrin Yes No
 3. I consent to the exchange of relevant information between Kilparrin and medical professionals / service providers listed above, and / or between Kilparrin and the site Yes No
 4. I consent to the exchange of relevant information between Kilparrin and DCP (if applicable) N/A Yes No
 Preferred method of contact: Phone Email
 Signed: _____ (Parent/Caregiver) Date: _____

