



childrenfirst

growing potential

Supporting Children with Additional Needs (SCAN) Program

Parent/Guardian Consent Form

I (name) _____ give my permission for _____ (Centre) to apply for funding through the Supporting Children with Additional Needs (SCAN) Program on behalf of my child.

I understand that the funding will be used to support my child's attendance and inclusion in the Centre's program.

I give permission for the Centre to release details of my child's needs, including relevant reports and assessments, to support the application for SCAN funding.

I give permission for the SCAN Organisation to access my child's records, discuss my child's progress with service staff and relevant professionals and undertake observations on my child in order to offer support and guidance to staff if required.

I understand that all information will remain confidential, and will only be used to support the funding application, and will not be given to a third party without my consent.

I have been involved in the completion of this application and while attending the centre I would like my child to achieve the following:

Child's Name: _____

Parent's/Guardian Signature: _____ Date: _____