

# FASTRACK CLINICAL SERVICES

Fetal Alcohol Spectrum Training, Research and Assessment Clinic for Kids

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## Consent for Services and Sharing of Information

I am the Parent / Guardian of: \_\_\_\_\_ DOB: \_\_\_\_\_.

- Do you give consent for Fastrack Clinical Services to undertake assessments, management and intervention recommendations?  Yes  No
- Do you agree to Fastrack Clinical Services obtaining a photo of your child for assessment?  Yes  No
- Are there Family or Children's Court orders in place for this child?  Yes  No
- Do you consent to Fastrack Clinical Services to obtain and exchange reports and relevant information with other agencies and individuals, if required? (electronic, pictorial, verbal and written)  
 Yes, full sharing     Yes, but only with the people listed below     No sharing

<i>Agency or Individual</i>	<i>Specific details and/or conditions if required</i>
<input type="checkbox"/> Referring GP	
<input type="checkbox"/> School (principal, teaching staff, school psychologist, & school nurse)	
<input type="checkbox"/> Day care	
<input type="checkbox"/> Child Health Nurse	
<input type="checkbox"/> Other professionals/agencies	
<input type="checkbox"/> Other individuals (including those who may bring this child to appointments)	

To continue the research into FASD, Would you agree to Fastrack using information relating to your child's assessment (that would not include your child's name or other identifying information)?  Yes  No

Do you agree to be contacted in the future about Fastrack's research projects?  Yes  No

Name:

Signature:

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_