



BORONIA WEST PRIMARY SCHOOL

2019 Confidentiality Agreement and Parental Consent Form

I authorise and consent to a chaplain providing services to my child.

I confirm that I have read this Consent Form and understand:

- how my child's personal information will be collected and managed by the chaplain
- that my consent will continue whilst my child is enrolled in a Victorian government school
- that I may withdraw my consent at any time
- if the chaplain determines that the Chaplaincy Service is no longer required for me or my child, it will cease.

1. Details of Parent or Carer

Given name/s: _____

Family Name: _____

Relationship to child/young person: _____

Email: _____

2. Child/student to be involved in Chaplaincy Service

Full name/s: _____

Date of birth: _____ / _____ / _____ Year level at school: _____

3. Parent's consent

I give consent to my child to attend Chaplaincy Service.

(Signature) Date _____ / _____ / _____

Please return to Rebecca Roberts or Jennie Brown