

## **INFORMATION ACCESS PERMISSION**

			(Falelii/Gualula
ereby authorise and direct the Principal or School Representative of Our Lady's College, Annerley, to colle			
ormation (either orally or via	documentary material) from t	the following, who may hold	relevant information
ation to my child		(name)	(date of birth)
	Organisation	Personnel	Contact Details
Current School			
Medical:			
General Practitioner			
Paediatrician			
Psychiatrist			
Additional Services:			
Speech Pathology			
Occupational Therapy			
Physiotherapy			
Psychologist			/
Guidance Officer			
Guidance Counsellor			
Advisory Visiting Teacher			
Other			