



Government of Western Australia
Department of Health
WA Country Health Service

Health Service

**WACHS Population Health
Consent for Sharing
of Information
Child 0-17 years**

Surname		UMRN / MRN	
Given Name		DOB	Gender
Address			Post Code
			Telephone

This form aligns to the WACHS Population Health Services Consent to Sharing Guideline and Sharing of Information: Information for Families.
Consent for Sharing Information Forms are to be scanned and attached to the Community Health Information System (CHIS) placed in the document type "Consent" from next of kin (NOK).
Important Note: Retain hard-copy consent form.

CHILD'S DETAILS

I hereby provide consent for the WA Country Health Service – Population Health to share relevant information (written or verbal) to the agencies (as outlined below) in relation to:

_____ / ____ / ____
Child's Full Name (please print) Child's Date of Birth

**AGENCY / INDIVIDUAL
(e.g. school staff or GP)**

SUMMARY OF INFORMATION TO BE SHARED

--	--

PERSON GIVING CONSENT

I understand what information is to be shared, and the reasons why this information is to be shared. The consent I have provided is valid for the duration of the therapy / interventions or up to a maximum of twelve months. I know that my consent to share this information may be changed or withdrawn at any time.

Name (please print) Relationship to Child

_____ OR Verbal consent given _____
Signature Date

STAFF MEMBER OBTAINING CONSENT ON BEHALF OF WA COUNTRY HEALTH SERVICE

Staff Name (please print) Designation Signature Date