

Consent Form

I _____ give full consent to medical and other information from relevant health professionals and agencies to be obtained by Challenging Minds that is considered relevant to the assessment of _____. This may include medical reports, cognitive assessments and other relevant allied health or education reports. This information will be used by Challenging Minds as part of the assessment process.

I consent to assessment results and reports completed by Challenging Minds to be made available to relevant professionals / agencies. This may include doctors, pediatricians, schools, and other relevant allied health professionals / agencies.

I consent to Challenging Minds sharing information with the following organisations *(please name organisations below)*:

_____	_____
_____	_____
_____	_____
_____	_____

This form is required to be signed by a parent if a child is under 18 years of age or by Legal Guardian where one is appointed, and a participant is unable to provide consent.

You can withdraw your consent at any time by advising Challenging Minds in writing. This form will be reviewed on an annual basis and will expire 12 months from the date of signing.

Where required, Challenging Minds staff will provide a copy of this signed consent form to each separate external party prior to receiving/disclosing information.

Someone from Challenging Minds services has discussed with me how and why certain information about me may need to be provided to other providers, services, people and I understand the recommendations and I give permission for the information to be shared as detailed above.

Client/Representative Name:

Signature:

Date:
