

Parent / Carer Request for On-Site Therapist Support

This form is required to be completed by parents / carers who are requesting that an external therapist conduct therapy sessions with their child on-site at Willmot Public School during school hours.

Student Name: _____

Student Class: _____ DOB: _____

I request and consent for:

(Name of Therapist and/or Service)

to provide therapy to my child at Willmot Public School during school hours.

THERAPIST / SERVICE CONTACT DETAILS

Phone: _____

Email: _____

Website: _____

THERAPY REQUEST DETAILS

Please provide reasons for the therapy, and the reasons for the therapy to be conducted during school hours.

PARENT / CARER RESPONSIBILITIES & DECLARATION

☐ I consent to the above therapist / service provider sharing information about my child with Willmot Public School.

I understand that:

☐ The time and day, of any approved on-site therapy sessions, will be determined in consultation with Learning and Support Team, Teacher and Therapist.

☐ I am responsible for notifying the provider if my child will not be at school on the day therapy sessions are scheduled at the school.

☐ I am responsible for notifying the school if I terminate the provider's services.

Parent / Carer Name: _____

Parent / Carer Signature: _____ Date: _____