



Pretoria Preparatory School

Non Profit Company
NPO Ref No 001-666/20677
Company Reg no 1980/002975/08

SPECIALISING IN REMEDIAL EDUCATION

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LETTER OF PERMISSION TO PROVIDE FEEDBACK TO AND OBTAIN FEEDBACK FROM MEDICAL PRACTITIONERS AND/OR OTHER PROFESSIONALS

1. At PPS we strive to assist all children to achieve their potential and to become happy and well-adjusted children. Our aim is to integrate children successfully into mainstream education as soon as possible. As mentioned during the initial assessment feedback we follow a multi-disciplinary team approach to ensure your child receives the best possible support and therapy to ensure the challenges are addressed satisfactory.
2. To ensure the effective management of your child it is necessary for the psychologist at PPS to maintain an open and confidential line of communication with the medical practitioner / professional person involved with your child.
3. By signing this letter you give permission to the psychologist to forward the relevant documentation/letters to the medical practitioner / professional person to ensure that the best possible intervention can be planned for your child.
4. You also give permission for the medical practitioner / professional person to provide feedback to the psychologist regarding the treatment plan and general recommendations.
5. All information provided to or received from the medical practitioner / professional person will be handled in accordance with the ethical codes on confidentiality and the POPI Act and would only be used to ensure effective management of your child.

Herewith I _____ the natural parent/legal guardian of (Name) _____ give permission to the psychologist to make information available to or obtain information / feedback from the medical practitioner/professional person attending to my child being Dr/Mr/Me _____ when needed. I understand that this permission will be valid for the full period my child attends PPS. I also undertake to keep the psychologist/class teacher informed of any changes in medical practitioners attending to my child.

Signed at Pretoria on 2019 / / .

SIGNATURE FATHER

SIGNATURE MOTHER