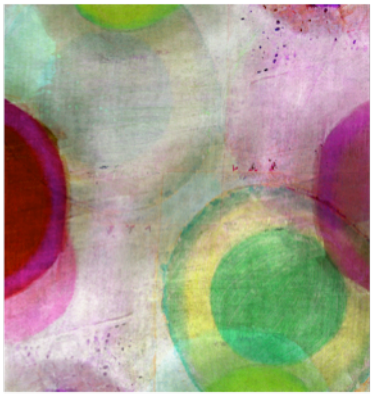

kidthink psychology

Release of information

I, (*print name in Block Capitals)* ……., being the parent or legal guardian of (*insert child's name in Block Capitals)* …… give permission to (*insert relevant names*)

Medical Practitioner

Educational Professional

Allied Health Professional

to release information of a medical, diagnostic, academic or clinical nature about my above mentioned child to Psychologist, Renée Muller

Signature …… Date ……

Witness …… Date……

Please Note: *If, after reading this page you are at all unsure of what is written, please discuss it with the psychologist.*

Renee Muller

Director and Psychologist, Kidthink Psychology

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