



The Exercise Therapist & Chronic Care Australia
21 Stuart Street, Mosman Park WA 6012
Ph & Fax: (08) 9385 1430
Email: admin@chroniccare.com.au

Client Name: _____

Client Date of Birth: _____

Parent Name: _____

Parent Contact Number: _____

I, _____ hereby give permission for Chronic Care Australia and The Exercise Therapist to release my child to the following person/s:

1. Name _____
Relationship _____ Contact _____
2. Name _____
Relationship _____ Contact _____
3. Name _____
Relationship _____ Contact _____
4. Name _____
Relationship _____ Contact _____

If I (the parent or guardian) require any additional person/s to be added to this list I acknowledge that I must contact Chronic Care Australia and The Exercise Therapist by phone (9385 1430) or email (admin@chroniccare.com.au).

I give permission for the above mentioned people to;

- Drop my child to clinic
- Collect my child from clinic
- Both drop and collect my child

I acknowledge that without my written consent my child will not be released to any person/s that are not stated on this document.

STANDARD PRACTICE OF TRANSPORT

I, _____ give permission for my child to use the following modes of alternate transport:

- Walk
- Bus
- Train
- Bike, scooter or rollerblades



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Signature of acknowledgment: _____

DUTY OF CARE PROCEDURES AND PROTOCOL AT CHRONIC CARE AUSTRALIA AND THE EXERCISE THERAPIST

1. No child is allowed to leave the premises unsupervised unless given permission by the agreed parent or caregiver that is confirmed at reception when they arrive.
2. An agreed standard practice of transport must be arranged with each child's parent or guardian. If a child wishes to ride their bike or walk to and from the clinic, the parent or guardian must give written permission.
3. No child can leave on their own or with another person unless written or verbal consent is given. The parent or guardian must be called or emailed and written permission must be received.
4. All permissions and communications will be recorded on the child's electronic patient file
5. Before each session/appointment, the child's practitioner must confirm the agreed and authorised pick up process for the child with reception and ensure it is adhered to.
6. Each child must return to reception at the end of their session/appointment before leaving (if permitted) or to wait to be collected by authorised parent/guardian.

In signing this document I am acknowledging that I have read and understood the protocol outlined above.

Name: _____ Signature: _____

Relationship to child/client: _____

OFFICE USE ONLY

Reception Initial:

Date received: