

## Permission to Attend Physiotherapy

### STUDENT DETAILS

NAME  DATE OF BIRTH   
 BOARDER  DAY STUDENT HOUSE   
SCHOOL YEAR  MOBILE

### PARENT / GUARDIAN DETAILS

NAME  MOBILE   
HOME/WORK  EMAIL

### PRIVATE HEALTH COVER

YES  NO

FUND NAME   
MEMBERSHIP NO.

### PAYMENT CONSENT

Parent/guardian agrees to pay the lighthouse physiotherapy reduced rate.

### CONSENT

- Parent/guardian gives permission for my daughter to attend physiotherapy at the PLC Lighthouse.
- Parent/guardian would like to be present whenever treatment takes place.

### COMMUNICATION

- Parent/guardian gives permission for the Allied Health Professionals, School staff and Coaches to be informed of my daughter's injury status when applicable.

### DRY NEEDLING

- Parent/guardian gives permission for dry needling to be used if daughter agrees, and if thought to be beneficial for her recovery.

SIGNATURE

DATE

Physiotherapy. Clinical Pilates. Massage. Podiatry.

**STRONGER.  
FITTER. BETTER.**

## Parent Funded External Professionals for Individual PLC Students on School Premises

PLC Perth supports the need for flexible, responsive and innovative services to meet the diverse needs of individual students. As such, through the PLC Lighthouse, partnerships have been formed with several allied health professionals so that students can access these services on School premises. Providers include an Occupational Therapist, Speech Pathologist and Physiotherapist. Service provisions could include programs, assessments, report provisions, teacher consultation, class based programs or individual interventions.

The Director of Wellbeing will oversee the management of these external professionals on School campus.

Subject to the parent providing their written consent for their child to access these services during school hours, the School will provide an appropriate room or facilities on the School campus for provision of services.

A parent wishing to proceed with this process should please sign this document below and return it to the school by emailing [lighthouse@plc.wa.edu.au](mailto:lighthouse@plc.wa.edu.au) or delivering a hard copy to reception in the Junior School or Senior School.

I, the undersigned, parent of \_\_\_\_\_ [STUDENT NAME]

provide my consent for \_\_\_\_\_ [NAME OF EXTERNAL PROFESSIONAL]

to provide professional services to my son/daughter on School campus during the School day.

I consent for School staff to communicate with the above mentioned allied health professionals about my child's assessment results and any ongoing intervention.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ [PLEASE PRINT]