



## CONSENT FOR SERVICES PERMISSION FORM

I, \_\_\_\_\_  
(Your name)

Give permission to Hale Community Services (HCS) to provide Support Coordination, Speech Pathology / Occupational Therapy / Physiotherapy / Behavior Intervention Support / Recreation Services, Accommodation / Respite / Transport

To: \_\_\_\_\_  
(name)

And to exchange information with HCS staff and other relevant agencies.

My permission is given for the next 12 months. I know that I may refuse services at any time. I know that HCS documents information about services provided.

Services involved may require the taking of photographs or video for inclusion in programs/reports. Please indicate your consent for photos to be taken.

Yes \_\_\_\_

No \_\_\_\_

Signed: \_\_\_\_\_  
(Client over 16 years (if able) / Parent / Carer)

Date Signed \_\_\_\_\_  
Permission is for 12 months from this date