

**PERMISSION FOR NON NURSING STAFF
TO UNDERTAKE CATHETERISATION**

Date: _____

(Parent's Name)

(Address)

Dear _____
(Principal)

I give permission for _____ **to undertake the**
(Named Staff Member)

' clean intermittent procedure' for catheterisation with _____
(Name of Student)

I have assisted in the training of _____
(Named Staff Member)

in the presence of a continence nurse adviser, nurse or medical practitioner _____

Yours sincerely

(Parent's signature)

Department of Education

Personal Information Protection Statement

School Education Division
GPO Box 919
Hobart TAS 7001
Telephone: 03 6233 7281 Fax: 03 6233 6982

Personal information is collected from you for the purpose of obtaining and verifying student related details and is used by the Department of Education to authorise school staff to administer medication and specified medical procedures as authorised by the *Education Act 1994* and related State and Commonwealth Acts and Regulations.

Failure to provide this information may result in the school being unable to authorise the administration of this medication or procedure.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed for the purposes stated above to government and other authorised agencies, and to health practitioners to support student health requirements.

Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Principal.

You can obtain a copy of the department's Personal Information Protection Policy on request to the Principal or at

<http://www.education.tas.gov.au/deis/policies/pip/pippolicy.htm>