



# Pretoria Preparatory School

Non-Profit Company  
NPO Ref No 001-666  
EMIS No 700212068 / UMALUSI No 17 SCH01 00280  
Company Reg no 1980/002975/08

## SPECIALISING IN REMEDIAL EDUCATION

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### LETTER OF PERMISSION TO PROVIDE FEEDBACK TO AND OBTAIN FEEDBACK FROM MEDICAL PRACTITIONERS AND/OR OTHER PROFESSIONALS (SHARING OF PERSONAL INFORMATION)

1. At PPS we strive to assist all children to achieve their potential and to become happy and well-adjusted children. Our aim is to integrate children successfully into mainstream education as soon as possible. As mentioned during the initial assessment feedback, we follow a multi-disciplinary team approach to ensure your child receives the best possible support and therapy to ensure the challenges are addressed satisfactory.
2. To ensure the effective management of your child it is necessary for the PPS Team to maintain an open and confidential line of communication with the medical practitioners/professionals involved with your child. This includes doctors, psychologists, play therapists and/or any other professional working with your child.
3. By signing this letter, you give permission to the Head of the Assessment Team to forward the relevant documentation/letters to the medical practitioners/professionals to ensure that the best possible intervention can be planned for your child.
4. You also give permission for the medical practitioners/professionals to provide feedback to the Head of the Assessment Team regarding the treatment plan and general recommendations.
5. All information provided to or received from the medical practitioners/professionals will be handled in accordance with the ethical codes on confidentiality and the POPI Act and would only be used to ensure effective management of your child.

Herewith I \_\_\_\_\_ the natural parent/legal guardian of (Name) \_\_\_\_\_ give permission to the Head of the Assessment Team to make information available to or obtain information/feedback from the following medical practitioners/professionals attending to my child as needed

Dr/Mr/Ms \_\_\_\_\_

Dr/Mr/Ms \_\_\_\_\_

Dr/Mr/Ms \_\_\_\_\_.

If child is over 12 years of age, he/she has been consulted in respect to the proposed processing of his/her personal information.

I understand that this permission will be valid for the full period my child attends PPS. I also undertake to keep the Head of the Assessment Team/class teacher informed of any changes in medical practitioners attending to my child.

Signed at Pretoria on 2025 / / .

**SIGNATURE FATHER**

**SIGNATURE MOTHER**

**SIGNATURE LEARNER**  
(If older than 12 years)