

## **Consent Declaration**

Igive permission to release information and collect information as may be deemed necessary in the course of my/my child's treatment.
as may be deemed necessary in the course of my/my child's treatment.
SignatureDate
The spokesman I assign to collect information on my behalf is
(Relationship)

## Postal Address:

248 Ascot Vale Road, Ascot Vale 3032

## Phone:

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## Fax:

03 9372 0069

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