



Prisoner Mothers/Primary Carers and their Children – Appendix C

CONSENT FOR RELEASE OF INFORMATION

Duty Officer
 Department for Community Development

_____ Prison may approve prisoners' applications to have their child/children reside with their mother within the following categories;

- On a permanent basis - up to the age of _____ years,
- On an extended Day stay - up to the age of _____ years,
- Overnight visit - up to the age of _____ years.

On application the prisoner is required to list the name(s) of carers who may be required to attend the prison and collect the child in the event the mother (prisoner) and/or the child requires outside (the prison) medical treatment. It is requested that DCD provide relevant information to assist in the decision making process regarding alternative carers.

CONSENT FOR RELEASE OF INFORMATION

I _____ (prisoner's name) ____/____/____ (DOB)

C/O _____ Prison

Address _____

Address _____

Agree to the release of information pertaining to my family, from the Department for Community Development to _____ Prison, Department of Justice.

Signature _____ (prisoner) Date ____/____/____

Signature _____ (witness) Date ____/____/____