

CONSENT FOR THE RELEASE OF INFORMATION

Guiding Principles:

1. It is the right of parent or legal guardian to determine what information can be shared and with whom.
2. Consent acknowledges the parent or legal guardian has the authority to grant permission for the sharing of relevant information with another party regarding their child for an identified purpose.
3. Parents and legal guardians retain the original signed Consent for the Release of Information for their own records.
4. It is the Parent or legal guardian's right to cancel or change their consent for the release of information at any time. This request should be confirmed in writing.
5. Parents and legal guardians should be made aware that limiting access to pertinent information can make it difficult to meet a child's individual needs appropriately.

Informed Consent:

Informed consent ensures that the parent or legal guardian is making informed decisions. Parents or legal guardians must be aware of the purpose for sharing personal information, how the information will be used and by whom.

1. Specific information to be disclosed must be identified:
 - Attendance, Psychological, Psychiatric, Physiotherapy, Occupational Therapy, Medical, Developmental, Social Work and/or Speech-Language information
 - Parents and legal guardians have the right to determine which pieces of information can be released, except when required by law.
2. Who the information is being released to must be identified:
 - Includes School, Child Care, Family Support Program, Agency and/or Individual who will be in receipt of the information.
3. The purpose for releasing the information must be identified:
 - The information may be used for educational planning, service coordination and/or service provision
 - Other purposes can also be specified

CONSENT FOR THE RELEASE OF INFORMATION

I/we _____
Print name of Parent or Legal Guardian (First Name, Last Name)

of _____
Address of Parent or Legal Guardian

Hereby consent to the release of the following information: (Check only those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Speech-Language | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Other: _____ | | |

Compiled/prepared by: _____
Name of School/Child Care/Family Support/Agency/Individual

In respect to: _____
Name of Child Date of Birth (DD/MM/YY)

To: _____
Name of School/Child Care/Family Support/Agency/Individual

- For the purposes of:
- | | |
|---|--|
| <input type="checkbox"/> Educational Planning | <input type="checkbox"/> Service Planning |
| <input type="checkbox"/> Service Coordination | <input type="checkbox"/> Service Provision |
| <input type="checkbox"/> Other: _____ | |

Special Instructions/Restrictions:

_____ <small>Signature of Parent/Guardian</small>	*	_____ <small>Date (DD/MM/YY)</small>
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_____ <small>Witness</small>	_____ <small>Date (DD/MM/YY)</small>
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This consent to release information form remains valid until _____
Date (DD/MM/YY)

* Authorizing person(s) may cancel or change the above authorization in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization.