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**School District #79 (Cowichan Valley)**

**Authorization to Observe Student and/or to Share Verbal Information**

**About the Student as it Pertains to the Observation**

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I, hereby authorize

 (Parent/Legal Guardian)

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, to observe my child,

 (name of person and agency)

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, in the school setting.

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 (name of school)

I give permission for information to be shared regarding my child for the following purpose(s):

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***Please Note: A Consent for Release of Information Form must be signed for release of written information, reports, etc.***

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 (Signature of Parent/Legal Guardian) (Date)