**School District 10 Arrow Lakes**

# Consent for Release of Confidential Information

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| Student Name: | | School: | |
| Teacher | Grade | | Date of Birth: |

**I hereby authorize School District No. 10 Arrow Lakes to:**

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| --- | --- |
| initials | **Obtain** information and or records from other appropriate agencies or their agents |
| initials | **Release** information and or records from other appropriate agencies or their agents |
| initials | **Discuss** pertinent information with representatives from other appropriate agencies or their agents |
| All information obtained will on a strictly confidential basis & will be for the purpose of educational planning. | |

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|  | **Agency** | **Released to:** | **Obtained by:** | **Date:** |
| initials | Public Health |  |  |  |
| initials | Mental Health |  |  |  |
| initials | Counsellor |  |  |  |
| initials | Physician |  |  |  |
| initials | Pediatrician |  |  |  |
| initials | Child & Family Protection Services |  |  |  |
| initials | Other: |  |  |  |
| initials | Other: |  |  |  |

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| AUTHORIZATION SIGNATURES  Authorization is a signed, witnessed statement of informed consent to provide special assistance for the benefit of the student. A student 19 years of age or older, if of sound mind and body, will provide their signature, otherwise a parent/guardian signature must be provided.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Relationship of Consenting Person Name and Role of School Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Consenting Person Signature of School Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Date  This consent is valid to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |