

2/15/2025

2.2.1 Consent for Release of Confidential Information

| 2.2. 1 Consent | ioi netease | 31 C31 | iiiaciitiat | mormacion | |
|---|---|---------------------------|------------------------------|-----------------------------|--|
| Student Name: | | Date of Birth: | | PEN: | |
| School: | Sch | nool Year: | | Grade: | |
| l hereby authorize Schoo | l District No. 8 | (Kootena | ay Lake) to: | | |
| Obtain and review info | rmation and/or reco | ords from ot | her appropriate | e agencies or their agents. | |
| Release information an | d/or records from o | ther approp | riate agencies | or their agents. | |
| Discuss information wit | h representatives fr | om other ap | opropriate ager | cies or their agents. | |
| All information obtained educational | will be on a strictly planning, safety, th | • | | | |
| | Agencies (initia | al all tha | t apply): | | |
| Counsellor | Mental He | Mental Health | | Public Health | |
| Pediatrician | Physician | | Psyc | Psychologist | |
| Ministry of Children & Family Development | | | Community Living BC | | |
| Behaviour Consultant/Interventionist | | | Provincial Outreach Programs | | |
| Other: | | | Other: | | |
| Authorized Signatures: | | | , | | |
| | | | | | |
| Parent/Guardian Full Name | | Parent/Guardian Full Name | | | |
| Parent/Guardian Signature | | | Parent/Guardian Signature | | |
| Date | _ | Date | | | |
| This consent is valid for the curr | ent school year as ii | ndicated ab | ove. CONSENT | MUST BE SIGNED ANNUALL | |
| STAFF USE ONLY: If both paren | ts have not signed a | bove, pleas | e indicate: | | |
| Parents live in same househol | d | | | | |
| Signing parent has sole custod | ial rights | | | | |
| | | | | | |
| School Staff Name and Role | School | Staff Signa | ture | Date | |