



2.2.1 Consent for Release of Confidential Information

Student Name:	Date of Birth:	PEN:
School:	School Year:	Grade:

I hereby authorize School District No. 8 (Kootenay Lake) to:

<input type="checkbox"/>	Obtain and review information and/or records from other appropriate agencies or their agents.
<input type="checkbox"/>	Release information and/or records from other appropriate agencies or their agents.
<input type="checkbox"/>	Discuss information with representatives from other appropriate agencies or their agents.
<i>All information obtained will be on a strictly confidential basis and will be for the purpose of educational planning, safety, threat risk assessment and/or health.</i>	

Agencies (initial all that apply):

<input type="checkbox"/>	Counsellor	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Pediatrician	<input type="checkbox"/>	Physician	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Ministry of Children & Family Development			<input type="checkbox"/>	Community Living BC
<input type="checkbox"/>	Behaviour Consultant/Interventionist			<input type="checkbox"/>	Provincial Outreach Programs
<input type="checkbox"/>	Other:			<input type="checkbox"/>	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 current school year as indicated above. CONSENT MUST BE SIGNED ANNUALLY.

STAFF USE ONLY: *If both parents have not signed above, please indicate:*

___ *Parents live in same household*

___ *Signing parent has sole decision-making responsibility*

School Staff Name and Role

School Staff Signature

Date