

SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student Name:		School:
Teacher	Grade	Date of Birth:

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

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 be on a strictly confidential basis and will be for the purpose of: educational planning, safety, violence threat risk assessment and/or health.	

	Agency
initials	Public Health
initials	Mental Health
initials	Counsellor
initials	Physician
initials	Pediatrician
initials	Ministry of Children and Family Development
initials	Behaviour Consultant/Interventionist
initials	Probation
initials	Other:
initials	Other:

AUTHORIZATION SIGNATURES

Authorization is a signed, witnessed statement of informed consent to provide special assistance for the benefit of the student. If a student is under 19 years of age a parent/guardian signature must be provided.

Youth Signature

Name and Relationship of Consenting Person

Signature of Consenting Person

Date

Name and Role of School Official

Signature of School Official

Date

This consent is valid for the school year(s) of 20__ to 20__ (date can be inclusive of more than 1 year)