



## 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:

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, 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	Community Living BC
Initials	Provincial Outreach Programs (e.g., POPARD, POPFASD, PODHH, POPDB, POPEY, PRCVI)
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 13 years of age, a parent/guardian signature must be provided. **Students aged 13 and over will sign on their own behalf if they are able. Additionally, having parent/guardian's co-signing for students aged 13 and over is upon student's consent.**

\_\_\_\_\_  
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 current school year as indicated above.  
Consent must be signed annually.**