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:

	Obtain and review information and/or records from other appropriate agencies or their agents.
	Release information and/or records from other appropriate agencies or their agents.
	Discuss 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.

Agencies (initial all that apply):					
	Counsellor		Mental Health		Public Health
	Pediatrician		Physician		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 Signature

Date _____

_____
Parent/Guardian Full Name

_____
Parent/Guardian Signature

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*