



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.
<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):

☐	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 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