

(In accordance with the Education Act and Ontario Regulations, and the Municipal Freedom of Information and Protection of Privacy Act, Part II)

I, _____, of _____,
(Parent / Guardian / Adult Student) (Full Address)

hereby consent to the exchange of verbal and / or written information between the Lambton Kent District School Board and the following agencies, as initialled on the reverse, for the improvement of instruction of the following student:

NAME OF STUDENT: _____
Surname Given Name

DATE OF BIRTH: _____ SCHOOL: _____
Year / Month / Day

The following information is requested:

CLINICAL RECORDS EDUCATIONAL REPORTS PSYCHOLOGICAL ASSESSMENTS
OBSERVATIONS OTHER _____

1. I understand that any information obtained may be made available (hard copy / electronically) to professional personnel employed by the Lambton Kent District School Board.
2. I understand that a copy of the information obtained from the named and initialled sources on the reverse will be placed in the student's Ontario Student Record folder and one copy may be held at the Education Centres of the Lambton Kent District School Board.
3. I hereby acknowledge that I will have no claim against the Lambton Kent District School Board arising from information obtained or released as specified.
4. This release is valid for 1 year from the date of signature and can be revoked by the undersigned in writing at any time.

Signature of Parent/Guardian or Adult Student Date

Signature of Witness Date

SEND INFORMATION TO: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE NUMBER _____

FAX NUMBER _____

**COPIES: ORIGINATOR
PARENT / GUARDIAN / ADULT STUDENT
SPECIFIED AGENCY**

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Revised: November 2022**



**CONSENT TO THE DISCLOSURE,
TRANSMITTAL or EXAMINATION OF
RECORDS or INFORMATION – PAGE 2**

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NAME OF STUDENT: _____
Surname Given Name

DATE OF BIRTH: _____ SCHOOL: _____
Year / Month / Day

INITIAL	AGENCY	INITIAL	AGENCY
	Audiologist Name:		LINCK Child, Youth & Family Supports
	Big Brothers Big Sisters		London Health Sciences Centre
	Bluewater Health		Maryvale
	Canadian Mental Health Association (CMHA)		Mental Health and Addictions Nurse (MHAN)
	Chatham-Kent Health Alliance		ODSP (Ontario Disability)
	Chatham-Kent Mental Health and Addictions Program		Optometrist Name:
	Children's Aid Society District:		Other Service Providers: (Provide Name and Details)
	Children's Treatment Centre of Chatham-Kent		Paediatrician Name:
	Community Living District:		Parkwood Institute Mental Health
	Community Resolution Table		Pathways Health Centre for Children
	CPRI (Child & Parent Resource Institute)		Police Services District:
	Dover Youth Services / Choices		Probation and Parole/Corrections
	Family Counselling Centre		Psychiatrist Name:
	Family Health Team		Psychologist Name:
	Family Physician Name:		Public Health Unit District:
	Family Service Kent		Rain and Shine Behavioural Services
	Funding: ACSD SSAH		RCC (Regional Children's Centre)
	Funding (Other):		Restorative Justice
	Home and Community Care Support Services, Erie-St. Clair		Salvation Army District:
	Hospital for Sick Children		Sarnia-Lambton Rebound
	Hotel Dieu Grace Healthcare		St. Clair Child and Youth Services
	Humana Community Services		St. Joseph's Hospice
	Huron House Boys Home		STARRting Point
	Inn of the Good Shepherd		Thames Valley Children's Centre
	Jordan's Principle		VON Kid's Circle
	KIDS Team (Kent Inter-Disciplinary)		Windsor Regional Hospital – Clinical Records Dept.
	Learning Disability Association of Ontario		Women's Centre District:
	Life Seasons		Youth Wellness Hubs Ontario: District:

Unless revoked in writing this Consent shall remain in force from: _____ to _____
Year / Month / Day Year / Month / Day

Personal information on this form is collected under the authority of the Education Act and will be used for educational purposes. Questions regarding the collection of this information should be directed to the school Principal.