



CONSENT TO THE DISCLOSURE, TRANSMITTAL or EXAMINATION OF RECORDS or INFORMATION

(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 _____

COPIES: ORIGINATOR
PARENT / GUARDIAN / ADULT STUDENT
SPECIFIED AGENCY

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Revised: February 2022



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

NAME OF STUDENT: _____ Surname _____ Given Name _____
DATE OF BIRTH: _____ Year / Month / Day _____ SCHOOL: _____

Initial	Agency	Initial	Agency
	Chatham-Kent Children's Services (CKCS) - Mental Health and Development		Association for Community Living District:
	Chatham-Kent Children's Services (CKCS) - Child Protection		Restorative Justice
	Children's Aid Society District:		Children's Treatment Centre of Chatham-Kent
	Family Counselling Centre		Community Care Access Centre (CCAC) District:
	Public Health Unit District:		ODSP (Ontario Disability)
	Family Service Kent		LDAO (Learning Disability Association of Ontario)
	VON Kid's Circle		Pathways Health Centre
	Chatham-Kent Mental Health and Addictions Program		Blue Water Health
	Rain and Shine Behavioural Services		Chatham-Kent Health Alliance
	Western Area Youth Services (WAYS)		London Health Sciences Centre
	St. Clair Child and Youth Services		Hospital for Sick Children
	Rebound		Parkwood Institute Mental Health
	Salvation Army		Windsor Regional Hospital – Clinical Records Dept.
	CPRI(Child & Parent Resource Institute) High Risk		Thames Valley Children's Centre
	KIDS Team (Kent Inter Disciplinary)		Family Physician Name:
	Maryvale		Paediatrician Name:
	Hotel Dieu Hospital		Psychiatrist Name:
	RCC (Regional Children's Centre)		Psychologist Name:
	Canadian Mental Health Association (CMHA)		Mental Health and Addictions Nurse (MHAN)
	Women's Centre District:		
	Dover Youth Services / Choices		Funding: ACSD SSAH
	Huron Boys Home		Other Funding:
	Inn of the Good Shepherd		Other Service Providers:
	Probation and Parole/Corrections		Other School Board:

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.

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SPECIFIED AGENCY**