



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:

EDUCATIONAL REPORTS PSYCHOLOGICAL ASSESSMENTS
CLINICAL RECORDS 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: _____ PHONE NUMBER: _____

FAX NUMBER: _____

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PARENT / GUARDIAN / ADULT STUDENT
SPECIFIED AGENCY

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Revised: January 2019



NAME OF STUDENT: _____
Surname First Name

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

| Initial | Agency | Initial | Agency |
|---------|--|---|---|
| | Chatham-Kent Health Alliance | | Bluewater Health |
| | Children’s Treatment Centre of Chatham-Kent | | Pathways Health Centre |
| | Family Physician Name: | | Pediatrician Name: |
| | Psychologist Name: | | Psychiatrist Name: |
| | Optometrist Name: | | Audiologist Name: |
| | Hospital for Sick Children | | London Health Sciences Centre |
| | Mental Health and Addictions Nurse (MHAN) | | Parkwood Institute Mental Health |
| | Hotel Dieu Hospital | | Family Health Team |
| | Chatham-Kent Children’s Services (CKCS) - Mental Health and Development | | Community Living District: |
| | Windsor Regional Hospital – Clinical Records Dept. | | Chatham-Kent Mental Health & Addictions Program |
| | Chatham-Kent Children’s Services - Child Protection | | Restorative Justice |
| | Children’s Aid Society District: | | Police Services District: |
| | Family Counselling Centre | | Erie St. Clair Local Health Integration Network |
| | Public Health Unit District: | | ODSP (Ontario Disability) |
| | Family Service Kent | | LDAO (Learning Disability Association of Ontario) |
| | VON Kid’s Circle | | Big Brothers Big Sisters |
| | Maryvale | | Access Open Minds |
| | Rain and Shine Behavioural Services | | Jordan’s Principle |
| | Women’s Centre District: | | Indigenous Band: |
| | St. Clair Child and Youth Services | | STARRting Point |
| | Rebound | | Thames Valley Children’s Centre |
| | Salvation Army | | Life Seasons |
| | CPRI (Child & Parent Resource Institute) | Other Service Providers: (Provide Name/Details) | |
| | Community Resolution Table | | |
| | KIDS Team (Kent Inter-Disciplinary) | | |
| | RCC (Regional Children’s Centre) | | |
| | Canadian Mental Health Association (CMHA) | | |
| | WAYS - Mental Health | | |
| | Dover Youth Services / Choices | | |
| | Huron House Boys Home | | Funding: ACSD SSAH |
| | Inn of the Good Shepherd | | Other Funding: |
| | 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**