Lambton Kent District School Board
Student Achievement Community Success

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

Appendix 2.5.2

(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

Revised: January 2023

Lambton Kent District School Board
Student Achievement Community Success

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

(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: _____ SCHOOL: _____
Year / Month / Day

INITIAL	AGENCY	INITIAL	AGENCY
	Audiologist **Name:**		Life Seasons
			LINCK Child, Youth & Family Supports
	Big Brothers Big Sisters **District:**		London Health Sciences Centre
	Bluewater Health - Sarnia		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
	Indigenous **Band:** **Department:**		Thames Valley Children's Centre
	Inn of the Good Shepherd		VON Kid's Circle
	Jordan's Principle		Windsor Regional Hospital – Clinical Records Dept.
	KIDS Team (Kent Inter-Disciplinary)		Women's Centre **District:**
	Learning Disability Association of Ontario		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.

COPIES: ORIGINATOR
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SPECIFIED AGENCY

Revised: January 2023