

## RELEASE OF CONFIDENTIAL INFORMATION

Child's Name	Date of Birth	Grade
Current School	Previous School (if appropriate)	

In order to provide the best educational program for my child, I give permission for the following Saskatchewan Rivers Public School Division staff to exchange information verbally or in writing with the following professionals or agencies:

Sask. Rivers Public School Division Staff → sharing information ← Outside Professionals or Agencies


The following information may be shared between the above-named individuals/agencies (please check appropriate boxes):

- |  |   |
|--|---|
| <input type="checkbox"/> Mental health assessments/interventions<br><input type="checkbox"/> Suicide/violence risk assessments<br><input type="checkbox"/> Psychological assessments<br><input type="checkbox"/> Behavior assessments/interventions<br><input type="checkbox"/> Behavioral or side-effects of medication<br><input type="checkbox"/> Addictions assessments/interventions<br><input type="checkbox"/> Physical health information<br><input type="checkbox"/> Other assessments such as SLP, OT, etc. Please list: _____ | <input type="checkbox"/> Relevant counselling or social work information/interventions<br><input type="checkbox"/> School-based information such as achievement, attendance, observations, behavior and academic strengths & weaknesses |
|--|---|

This consent is valid for one year from the date of signature. I understand that I have a right to cancel this consent, in writing, at any time.

Signature of parent/guardian	Date
Signature of parent/guardian	Date
Signature of Witness	Date