

McLeod Lake Education/Youth Support Services with School District No. 57

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student Name:

DOB:

School:

Section 1: OBTAIN INFORMATION

I authorize : SD57 and MLIB Education/Youth Department to obtain/exchange information/records from the following agencies:

Previous School District	Children and Youth with special needs
Family Physician	Intersect
Medical Specialist	Youth Probation
Child and Youth Mental Health Services	Northern Health
Ministry of Children and Family Development	Other:
Child Development Centre	

SECTION 2: Release of information

I authorize: SD 57 and MLIB Education/Youth Department to release information/records as listed below:

Psycho-educational assessment reports IEP	Achievement and other test reports
Behavioural observations or check list	Speech Language Pathologist Reports
All reports generated within SD57	Other:

On strictly **CONFIDENTIAL** basis **TO** the following agencies or their agents:

Family Physician	Children and Youth with Special Needs
Medical Specialist	Intersect
Child and Youth Mental Health Services	Youth Probation
Ministry of Children and Family Development	Northern Health
Child Development Centre	Other:

This information is considered confidential and will be treated accordingly.

Student files in School District 57 are open to parents and students, as required by the school act.

Section 3: Authorization: My signature ensures I am the students, parent or legal guardian mentioned in this document.

Name:

Phone Number:

Date:

Address:

Signature Parent/legal Guardian _____