|  |  |
| --- | --- |
|  | **A Authorization to Release Information**  **Wild Rose School Division** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*, being the legal guardian of

**Parent(s)/guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant permission for Wild Rose School

**Child’s Name**

Division personnel to release and/or receive information about:

my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Child**

to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Individual**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Agency and/or Individual**

for the purpose of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Consent is valid from August to August, unless revoked in writing by the undersigned.

|  |  |  |
| --- | --- | --- |
| **parent(s)/guardian** |  | Date |
|  |  |  |
| **parent(s)/guardian** |  | Date |

\*\* *The person signing this form and consenting to this service must be the legal guardian of*

*the child, as defined in the Family Law Act. In most cases, this will be the parent of the child,*

*but WRSD personnel will take reasonable stps to determine who the guardian(s) of the child is/are.*