

AUTHORIZATION

- I hereby authorize the Pembina Trails School Division Clinical Services to share written and/or verbal information including: educational, medical, social work, speech-language, occupational therapy and physical therapy, psychological, psychiatric or any other pertinent information concerning:

Student Name: _____ Date of Birth: _____
Day Month Year

The sharing of this information will be used to facilitate educational planning. Written reports will be kept in a confidential divisional database for student-specific planning and Clinical Services.

Written and/or verbal information may be received from/exchanged with:

Pediatrician/Physician/Psychiatrist: _____

Phone: _____ Fax: _____

Children’s disABILITY Services: _____

Phone: _____ Fax: _____

Child & Family Services: _____

Phone: _____ Fax: _____

Hospital/WRHA: _____

Phone: _____ Fax: _____

Other: _____

Phone: _____ Fax: _____

It is my choice to give consent. I understand that I may withdraw this consent at any time in writing to the Pembina Trails School Division.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| | |

| Witness Signature (18 years or older) | Date |
|---------------------------------------|------|
| | |

If student is 18 years or older they may sign for themselves.

This personal information will be used for the purpose of maintaining accurate and detailed student records for as long as it serves the educational needs of the student. It is protected by the Freedom of Information and Protection of Privacy Act.

If you have questions or concerns about the collection, contact the Director of Clinical Services at the Pembina Trails School Division, 181 Henlow Bay, Winnipeg, MB, R3Y 1M7 or phone: 204.488.1757.

Signature: _____ / _____
Clinician Consultant