

RELEASE/EXCHANGE OF INFORMATION

NAME OF CHILD: _____

DATE OF BIRTH: _____ PHONE #: _____

PARENT'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TO: SCHOOL DIVISION: _____

SCHOOL (if known): _____

I _____ approve the release/exchange of information regarding my child,
(Parent/Guardian)

_____, for the purpose of accessing the appropriate medical supports.
(Child's Name)

The following persons are/or may be involved with my child's school:

(Name)		(Agency or Program)
_____	representing	_____
_____	representing	_____
_____	representing	_____
_____	representing	_____
_____	representing	_____
_____	representing	_____
_____	representing	_____

❖ _____ has been identified as requiring the following procedure(s)
(Child's Name)

Emergency Response Plan Required: Yes No

Yes No I approve of the Emergency Response Plan being posted in the school staff room, on the duty roster, and where deemed necessary.

Please attach all necessary forms (health plan, transportation, emergency response plan, signed doctor's forms etc.) to this Release/Exchange of Information Form.

Signed: _____

Date: _____

Referred: _____

Agency: _____

Phone #: _____