CONSENT FOR SERVICE and RELEASE OF INFORMATION

Child's Name: _____ Date of Birth: _____
(mm / dd / yy)

Consent for Service (Please ✓ appropriate boxes)

☐ I, on behalf of my child, consent to the involvement of the SW RCSD Low Incidence Team for the purpose of assessment, consultation, and implementation of programming for the above named child. SW RCSD Low Incidence Team includes:

- Teacher for the Blind and Visually Impaired
- Regional Learning Support Teacher / Teacher for the Deaf and Hard of Hearing
- Educational Audiologist

In order to provide service, school jurisdiction staff may disclose relevant information about your child to the SW RCSD team. The SW RCSD Team may speak to your child's teachers, principal, educational assistants and other personnel regarding your child's needs.

Release of Information (Please ✓ appropriate boxes)

I, on behalf of my child, give consent:

☐ for my child to be videotaped and/or photographed for the purposes of assessment and consultation. This video/photo will be used only with those individuals involved in programming for my child.

☐ to the release of verbal and written information on the above named child **to** outside agencies for the purpose of medical / clinical reviews.

☐ to the release of verbal and written information for the purpose of program planning, coordination, and service delivery **from** the following:

- ☐ Audiologist (name):
- ☐ Optometrist / Ophthalmologist (name):
- ☐ Canadian National Institute for the Blind (number):
- ☐ Alberta Children's Hospital (name/s)
- ☐ AHS Children's Allied Health
- ☐ Other (specialty / name):

I understand why I have been asked to disclose this information and I am aware of the risks and/or benefits of consenting or refusing to consent. I understand that it is my responsibility to advise SW RCSD[1], in writing, of my withdrawal of any part of, or all, of this consent.

Name: _____ **Relationship:**[2] _____

Today's Date: _____

Signature: _____ **Expiry Date:** _____
(if no date, valid for 3 years)

[1] Contact: Margaret Vennard, SWRCSD Regional Manager at 403-331-9500 or margaret@swrcsd.ca

[2] If you are not the legal guardian, please attach appropriate documentation indicating your ability to consent to services.