Lakehead Public Schools

School/Site Name
School/Site Address
Telephone (807) Fax (807)

Name, Principal
Name, Vice Principal

[Enter Date]

I, _____ consent to the sharing of confidential information by _____
parent/guardian *principal/teacher/staff member*

related to my child/ward, _____, in the presence of my support person, _____.
name *name*

My support person, _____, consents to safeguarding the confidentiality of the information shared.
name

Affirmation of consent:

Parent/Guardian

_____ _____
Signature *Date*

_____
Printed Name of Parent/Guardian

I undertake to safeguard the confidentiality of information shared between _____ and
staff member
_____ for whom I am a support person.
parent/guardian

Support Person

_____ _____
Signature *Date*

_____
Printed Name of Support Person

Signature of Witness (Principal/Staff Member)

_____ _____
Signature *Date*

_____
Printed Name of Principal/Staff Member

DRAFT