



Revised Jan. 2022

CONSENT TO EXCHANGE OF INFORMATION

To ensure that the quality of your child's education is maximized, the Niagara Children's Centre School Authority needs your consent in order to collect, use, and share your child's information and personal health information with other organizations. Your information and your child's information are private. Unless sharing it is permitted by law, the Niagara Children's Centre School Authority will not disclose any of the information without your consent.

I/We _____
Print First and Last Name of Parent(s)/Legal Guardian(s)

Of _____
Street City Postal Code

Email address: _____ Phone number: _____

hereby consent to an exchange and release of information (written and verbal) between the Niagara Children's Centre School Authority and relevant staff from:

(Name of School Board/Agency/Organization)

In respect of: _____
Name of Student Date of Birth (dd/mm/yyyy)

I/We understand that this **two-way** exchange of information is to be used to inform the Full-Day Learning Program admissions process at Niagara Children's Centre School Authority. This may include contacting the referring sources and therapists. I/We understand that my/our child's personal health information will be disclosed between organizations and this information will be held in confidence and maintained securely in accordance with Ontario's privacy law called the Personal Health Information Protection Act (PHIPA).

Signature of Parent/Guardian Relationship to Student

Dated this _____ Day of _____, _____.
(Month) (Year)

Authorizing person(s) may cancel or change the above authorization in writing at any time. The authorization is valid for a period of one year from the date this form is signed.

Personal information contained in this form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this personal information should be directed to Human Resources at the Niagara Children's Centre School Authority at 905-688-1890.

One form must be completed for each Board / Agency / Organization.