



RELEASE OF INFORMATION

I/We, _____, the undersigned, legal guardians, grant permission to the Family, School Wellness Program to release/receive information pertaining to services that _____ (name of child) is receiving for the following purposes:

- General Assessment, Counseling and Referral
- Group Counseling
- Individual /Family Guidance

I understand that information will be released and received in confidence between the Family School Wellness Worker and the following:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

This authorization is effective from today until _____

Parent/Guardian Name (Printed)

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signed)

Parent/Guardian Name (Signed)

Date

Date

*** The person(s) signing this form and consenting to this service must be the legal guardian of the child, as defined in the Family Law Act. In most cases, this will be the parent of the child, but the Family School Wellness worker will take reasonable steps to determine who the guardian(s) of the child is/are.*

Connecting with students and families in compassionate relationships that promote resilience, wellness and growth.

CHINOOK'S EDGE SCHOOL DIVISION NO.73

