

# Consent for Informal & Ongoing Sharing of Information

## Guiding Principles:

1. Consent for information sharing among professionals involved in a child's day enhances educational, child care and family support experiences.
2. Consent for information sharing is a necessary legal and ethical practice and must be obtained prior to the sharing of any information.
3. Consent for information sharing acknowledges the parent or legal guardian as having the authority to grant permission for the sharing of relevant information with another party regarding their child for an identified purpose.

In order to best serve children's needs, there are times when it is appropriate for the program to exchange information about children participating in two or more programs.

The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour. Procedures for sharing information are explained to parents and are followed consistently.

In the event that it is necessary to refer to clinical records, development reports or student record documents, parents will be asked to sign appropriate consent forms before such information is disclosed.

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Your consent will give permission for the exchange of information between Juvenescence, the school or other community support agencies while your child is registered in these programs.

I/We give permission to **Juvenescence Child Development Centre Ltd** and

\_\_\_\_\_ and \_\_\_\_\_  
Name of school/agency Name of school/agency

for the reciprocal exchange of information about my child.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Consent for the Release of Information

I/We \_\_\_\_\_

Print Name of Parent or Guardian

Hereby consent to the release of the following information: (check only those that apply)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Attendance    | <input type="checkbox"/> Psychiatric       | <input type="checkbox"/> Medical     |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Speech – language | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Psychological     | <input type="checkbox"/>             |
| <input type="checkbox"/> Other: _____  |  |                                      |

Compiled/prepared by: \_\_\_\_\_

Name of School/Child Care/ Family Support/Agency/Individual

In respect to: \_\_\_\_\_

Name of Child

Date of Birth

- For the purposes of:
- |   |  |
|---|--|
| <input type="checkbox"/> Service Coordination | <input type="checkbox"/> Service Provision |
| <input type="checkbox"/> Service Planning     |  |
| <input type="checkbox"/> Other: _____         |  |

Special Instructions/Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This consent to release information form remains valid until \_\_\_\_\_

Date