



**INTERAGENCY CONSENT FORM  
TO OBTAIN AND RELEASE CONFIDENTIAL INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

*\*Please note consent for services is valid for the current school calendar year only.*

I/We authorize the sharing of information for the purpose of assessment/treatment among South Shore Regional Centre for Education (69 Wentzell Dr., Bridgewater, NS B4V 0A2) and:

**(please check in appropriate boxes)**

- ☐ Nova Scotia Department of Justice
- ☐ Nova Scotia Department of Community Services
- ☐ Nova Scotia Health Authority – Mental Health Services
- ☐ Nova Scotia Health Authority – Specify Provider: \_\_\_\_\_
- ☐ IWK Health
- ☐ Other: \_\_\_\_\_
- ☐ Exceptions: \_\_\_\_\_

*\*All of the above agencies are bound by strict policies of confidentiality and cannot release or receive your personal information without your authorized consent.*

**Parent(s)/Legal Guardian(s) please complete:**

☐ I/We the undersigned, hereby affirm that I am/we are the parent(s)/legal guardian(s) of \_\_\_\_\_ (student's name) and have the authority to make decisions on their behalf.

*\*Please note: If there is a shared custody arrangement, both parents will be required to sign this consent form for the service to take place.*

☐ I/We give full and informed consent to share information about \_\_\_\_\_ (student) for the purpose of programming. I understand that this information may be discussed at Student Planning Team meetings and that I may withdraw consent from the sharing of this information at any time.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

☐ I/We **do not** consent to \_\_\_\_\_ (student) receiving the above indicated service.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_