

TOPP KIDS ChildCare Centre

CONSENT FORM

Sharing Confidential Child Specific Information

PLEASE KEEP THESE FORMS ON FILE IN THE CHILDS FILE

I _____ consent to allow the sharing of confidential child specific

information about my child _____ between TOPP KIDS Childcare

Centre and _____

FOR THE REASON OF

I UNDERSTAND THAT THE PURPOSE OF THIS FORM IS TO ENSURE A HIGH STANDARD OF CARE IN THE PROGRAM. CHILD SPECIFIC INFORMATION INCLUDES ADMINISTRATIVE FILES AND INFORMATION. THE INFORMATION SHARED WILL BE USED ONLY FOR THE PURPOSE LISTED ABOVE.

NAME OF PARENT/GUARDIAN (please print)

SIGNATURE OF PARENT/GUARDIAN

____/____/____

DATE (dd/mm/yy)

