



CONSENT FORM

SHARING CONFIDENTIAL CHILD SPECIFIC INFORMATION

SIGNED FORMS IS TO BE KEPT IN THE CHILD(REN)S FILE AND HAS NO EXPIRY

ADDITIONAL CBE FORM NEEDED FOR STUDENTS ATTENDING CBE SCHOOLS

I _____ consent to allow the sharing of confidential information about my child(ren) _____ between **TOPP KIDS Out of School Clubs/ Foundation** and _____ Staff/ Person/Organization.

I UNDERSTAND THAT THE PURPOSE OF THIS FORM IS TO ENSURE A HIGH STANDARD OF CARE IN THE PROGRAM AND COMMUNICATION BETWEEN ALL PARTIES INVOLVED. THE INFORMATION SHARED WILL BE USED ONLY FOR REGISTRATION PURPOSES.

_____/_____/_____
NAME OF PARENT/GUARDIAN (please print) SIGNATURE OF PARENT/GUARDIAN DATE (dd/mm/yy)

_____/_____/_____
NAME OF PARENT/GUARDIAN (please print) SIGNATURE OF PARENT/GUARDIAN DATE (dd/mm/yy)



Calgary Board of Education

Sharing of Student Information: Between Schools and Third Party Child Care Providers

Before and after school care programs located within CBE schools are owned and operated by third party, licensed child care providers. The Calgary Board of Education (CBE) is not involved in the daily operations of a before and after school care program. As a separate entity, additional permissions are required to allow schools and child care providers to discuss matters of student health and safety.

Information to be shared between a third party child care provider and a School Administration may include:

- Details pertaining to student safety or well being of the student
- Illness/absences
- Drop off/Pick Up arrangements
- Strategies for student success

Information that cannot be shared:

- Access to official student records

School Name:

Child Care Provider Name:

I hereby consent to the release of personal information between School Administration and the Child Care Provider, as it pertains to the safety and well being of my child. I understand why I have been asked to disclose this information and I am aware of the risks/benefits of consenting or refusing to consent to disclose this information. I also understand that I may revoke this consent in writing to School Administration and the Child Care Provider at any time. This consent for release of personal information will be in effect for the current school year only.

Student Name:

Parent/Guardian Name:

Parent/Guardian Signature:

Date Signed:

OFFICE USE ONLY:

School Administration and the Child Care Provider agree to sharing of student information in accordance with the priorities as provided in this Sharing of Information Form

Both the Child Care Provider and School Administration will retain a copy of this form

_____ Child Care Provider Signature

_____ School Principal Signature (or designate)

