

Statement to Release/Obtain Information

Student's Name:

Last Name	First Name	Middle name

Birth Date- (Month Day Year)	Personal Health Care Number

Please note: An Alberta Health Care number is required when ordering hearing aids, occupational therapy or physical therapy equipment.

In order to support quality programming an understanding of your child's history is valuable. Please indicate any assessment, therapy, or educational programming this child has attended or received during the past two years. This may include mental health and/or therapy (psychologist/clinical social work), audiology, occupational therapy, optometrist/ophthalmology, physical therapy, speech language.

SERVICE PROVIDER or AGENCY	CONTACT PERSON – therapist, specialist known to child/family (if known)	PHONE NUMBER	Email Address (If Known)

NOTE: The Glenrose Hospital has a separate release form that must be completed.

☐ Yes ☐ No I hereby authorize release of records on the above-named child from the above-named practitioners/agencies to Specialized Learning Supports, Edmonton Public Schools.

☐ Yes ☐ No I authorize release of Edmonton Public School's reports on the above named child to outside agencies for the purpose of referrals and medical/clinical reviews.
 Parents/guardians will be notified before information is sent to outside agencies.

☐ Yes ☐ No If required, and with prior notification, I give permission for my child to be photographed or videotaped during classroom instruction or assessment, and for this material to be used only for educational programming with professional audiences.

Signature of Parent/Guardian

Date