



## Parental Consent to Disclose Personal Information

Child's Name: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_

I (We) (first name, last name) \_\_\_\_\_ hereby consent to the disclosure of the following personal information, reports, and/or consultations concerning my/our child between the parties listed below.

Speech and Language Assessment Report Yes No

(Name, date, assessor) \_\_\_\_\_

Consultation with Speech and Language Pathologist Yes No

(Name, location) \_\_\_\_\_

Professionals' recommendation for communication device Yes No

(Name, date, assessor) \_\_\_\_\_

Psychological Assessment stating child's exceptionality Yes No

(Name, date, assessor) \_\_\_\_\_

Consultation with School Yes No

(School name and location) \_\_\_\_\_

Consultation with Special Education Teacher, Yes No

and/or Classroom teacher(s) at above mentioned school

(Name(s)) \_\_\_\_\_

This consent remains valid for the duration of the equipment use by the child up to a one-year period. Consent can be withdrawn at any time by contacting a member of the Board of Directors of the Rachel's Kids organization. This information is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. It will be used to determine eligibility and supporting the equipment claim. This information may be viewed by personnel for auditing purposes and board members of the Rachel's Kids organization. Access to information is restricted to only that which is absolutely required to support an audit, order necessary equipment, and follow up for pertinent applications on the device.

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Date (d/m/y): \_\_\_\_\_