

Authorization to Release Information



Wild Rose School Division Family Wellness Program

I, _____ **, being the legal guardian of
parent(s)/guardian
_____ hereby grant permission for the
parent(s)/guardian

Family Wellness Worker (FWW) to release and/or receive information about:

my child _____
Name of Child

myself _____
Name of Individual

to: _____
Name of Agency and/or Individual

for the purpose of: _____

Consent is valid from August to August, unless revoked in writing by the undersigned.

parent(s)/guardian

Date

parent(s)/guardian

Date

*** The person signing this form and consenting to this service must be the legal guardian of the child, as defined in the Family Law Act. In most cases, this will be the parent of the child, but the FWW will take reasonable steps to determine who the guardian(s) of the child is/are.*