

FORM ADMIN 151-01
Consent for Sharing of Confidential Information with a Support Person

MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD

I, (parent/guardian) _____ consent to the sharing of confidential information by (name of principal/teacher/other staff member): _____ related to my child/ward (name): _____ in the presence of my support person (name) _____. My support person (name) _____ consents to safeguarding the confidentiality of the information shared.

Affirmation of consent: Parent/Guardian

Signature _____ Date _____

(Printed Name of Parent/Guardian) _____

I undertake to safeguard the confidentiality of information shared between (Ministik School staff) and (parent/guardian) for whom I am a support person.

Support Person Signature _____ Date _____

(Printed Name of Support Person)

Signature of Witness: Principal/Staff Member _____

Date _____

(Printed Name of Staff Person/Witness)

Legal Framework

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
Accessibility Standards for Customer Service, Ontario Regulation 429/07
Ontario Human Rights Code