



## PERMISSION TO SHARE INFORMATION

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

**School:** \_\_\_\_\_

When necessary, we find it useful to speak with classroom teachers and other school personnel regarding your child. With your permission, we will carry out such communication for your child's benefit only. We will get information in order to gain a better understanding of your child's needs and behaviours as well as ideas for guidance. Any information obtained in the course of this communication will be treated as strictly confidential.

For the school year beginning in September \_\_\_\_\_, I grant permission for JKC staff to consult with my child's teacher(s) and school personnel in the manner described above.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm) (dd) (yyyy)