SD 47 (Powell River)
**Auditory Outreach** Provincial Resource Program

**Fax: 1-604-485-2759**
**info@auditoryoutreach.ca**

**7105 Nootka St, Powell River, BC V8A 5E3 • Toll Free 1-866-430-4327 • www.auditoryoutreach.ca**

# Permission-To-Share • Parent/Guardian Consent

**Student NAME: _____ Date of Birth: _____**
Day – Month – Year eg. 01-Sep-2010

***Dear Parent/Guardian**:*

The Auditory Outreach Provincial Resource Program is a provincial program operated by School District No.47 (Powell River), with funding from the Ministry of Education. The program uses the services of audiologists, speech and language pathologists, hearing resource teachers, and other professionals to support School Districts, group 1 and 2 Independent Schools, and families in providing them with effective education and habilitation services for students with hearing loss, and cochlear implants.

To provide services, we require your permission to contact agencies and/or professionals who are providing, or have in the past provided, services for your child named above. This information below will be used for the purpose of the program providing equipment, habilitation or consultation services specific to your child's classroom and educational needs. All information collected in the process of providing these services is governed by the student records privacy policy of School District No. 47 (Powell River).

Your signature below will serve as consent for representatives from the program to obtain and share audiological, educational, and medical information relevant to your child's hearing difficulties with the agencies/professionals indicated. This request is consistent with requirements at other provincial resource programs. Parents wishing further information about the program or this permission; please contact program manager Melanie Gosselin toll-free at 1.866.430.4327 or info@auditoryoutreach.ca.

**Current School**: _____ **SD Name**: _____

**Audiology Clinic**: _____

**Physician** *(if applicable)***:** _____

**Implant Centre** *(if applicable)*:_____

**Parental Authorization:**

Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Phone: _____ Email: _____