



Permission-To-Share • Parent/Guardian Consent

Student NAME: _____ **Birthdate:** _____
(day/month/year)

COMPLETED Permission to Share must be sent with new equipment requests or if student has moved to a new school district.

Dear Parent/Guardian:

The Auditory Outreach Provincial Resource Program is a provincial program hosted by the qathet School District (SD47), with funding from the Ministry of Education. The program uses the services of Audiologists, Speech and Language Pathologists, Teachers of the Deaf and Hard of Hearing, and other professionals to support public School Districts, group 1 and 2 Independent Schools, and families in providing them with assistive listening equipment loans, education, and consultative services for students who are deaf or hard of hearing.

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, and/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 the qathet School District (SD47).

Your signature below will serve as consent for representatives from the Auditory Outreach program to obtain and share audiological, educational, and medical information relevant to your child’s hearing profile with the agencies/professionals indicated. This request is consistent with requirements at other provincial resource programs. Parents wishing for further information about the program or this permission, please visit our website at www.auditoryoutreach.ca, or contact Auditory Outreach 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/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature: _____

Phone: _____ Email: _____