

Dear Parent or Guardian:

With your permission, your child may wish to access this counselling service at some time during the school year. Components of your child's Ontario Student Record (OSR) may also be of assistance. Access to the OSR would be under the supervision of the school Administrator. Information may also be obtained from school staff. This will allow a more informed understanding in helping meet your child's needs. Kindly sign the consent below for your child to receive this service.

Student Information:

Parent/Guardian Name(s): _____

Address _____ Telephone (Home): _____

Telephone (Work): _____

Telephone (Cell): _____

School: Telephone:

Youth Counsellor _____ Telephone: _____ Ext. _____

INFORMED CONSENT

I, _____ give my permission for my son/daughter to participate in school counselling with the school Youth Counsellor. I understand my consent can be withdrawn at any time.

Date _____

Parent/Guardian

Witness

Personal and health information on this form is collected, used and disclosed in accordance with the *Education Act*, R.S.O. 1990, c.E.2. as amended, the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M. 56, as amended, and the *Personal Health Information Protection Act*, S.O. 2004, c.3, and will be used for the purpose of determining eligibility for, and, for providing Counselling Services. Questions about this collection, use and disclosure should be directed to the Student Achievement Leader - Special Education, District School Board of Niagara, School Support Services, 2nd Floor, 130 Louth Street, St. Catharines, ON L2S 2T4, (905) 227-5551.

Original: OSR
Copy: Youth Counsellor File