

Name of person to whom the information pertains		Date of Birth YYYY/MM/DD	
Street Address			
City/Town	Province	NL	Postal Code

I/We, _____, <div style="text-align: center; font-size: small;">Name of Person(s) Providing Consent</div>	Self	Parent	Legal Guardian
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give consent for an ELCD Inclusion Consultant, of the Department of Education (EDU) to

EDU Delegate

obtain ☒ and/or release ☒ the following information:

- Recordings/Observations completed by employees of the child care service;
- Receive/release multi-disciplinary reports/assessments from professionals listed below relevant to the child care service; and
- Consult with the professionals listed below involved with the family.

to/from:

Administrator/Staff		
_____ Name	_____ Name of Child Care Service	_____ Address of Child Care Service
_____ Name	_____ Agency	_____ Address
_____ Name	_____ Agency	_____ Address
_____ Name	_____ Agency	_____ Address
_____ Name	_____ Agency	_____ Address
_____ Name	_____ Agency	_____ Address

for the purpose of: supporting inclusive practices in the child care service.

I am giving this consent of my own free will and I reserve the right to revoke my consent at any time by contacting a Department of Education delegate in writing and withdrawing my consent. The consent is only valid between the Department of Education and the person(s) named herein and is valid for one year from the date signed.

Name of person providing consent (Please Print) _____	
*Signature _____	Date _____ <div style="text-align: center; font-size: x-small;">YYYY/MM/DD</div>
Name of person providing consent (Please Print) _____	
*Signature _____	Date _____ <div style="text-align: center; font-size: x-small;">YYYY/MM/DD</div>

*This form requires a wet signature from the person providing consent

Name of EDU Delegate (Please Print) _____

Signature _____ Date _____
YYYY/MM/DD

Street Address _____ Telephone _____

City/Town _____ Province **NL** Postal Code _____

The information collected on this form is collected under the authority of the *Child Care Act* and the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of regulated child care program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by *ATIPPA*. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at 709- 729-7425.