Grasslands Public Schools

OFFICE USE — ASN

FORM-SI-006

PUBLIC

Exchange of Confidential Information

Notice of collection. The personal information collected on this form is collected by Grasslands Public Schools under the authority of POPA sections 4(a) and 4(c), the *Education Act* SA 2012 sections 33(1)(d) and 33(1)(e), and the *Student Record Regulation*, Alta Reg 97/2019, section 2(1), in support of coordinating supports and services for the student with the health and community agencies identified below and developing a comprehensive understanding of the student's strengths and needs. This notice is provided in accordance with POPA section 5(2). The information is used to identify the agencies already involved with the student, obtain your consent to exchange the student's personal information with them, and coordinate a continuum of supports for the student's learning, health, and wellbeing.

If you have any questions about the collection or use of this information, please contact the Access and Privacy Coordinator at **privacy@grasslands.ab.ca** or 403-793-6700.

Student information

LEGAL FIRST NAME

LEGAL LAST NAME

BIRTH DATE (YYYY-MM-DD)

SCHOOL

GRADE

Authorized agencies

Check each agency or medical service your child is or has been involved with, and add a contact name where you can.

☐ **Pediatrician**

Name of pediatrician (doctor) _____

☐ **Family doctor**

Name of family doctor _____

Children's hospital

☐ Calgary ☐ Edmonton ☐ Other If other, name

_____

☐ **Alberta Health Services**

Specify agency / contact _____

☐ **CHADS (Children's Health and Developmental Services)**

Contact _____

☐ **AHS Mental Health and Addictions**

Contact _____

☐ **SPEC**

Contact _____

☐ **NCAG (Newell Community Action Group)**

Contact _____

☐ **Next Step**

Contact _____

☐ **Southeast Alberta Child and Family Services**

Contact _____

☐ **FSCD (Family Support for Children with Disabilities)**

Contact _____

☐ **Alberta Correctional Services**

Contact _____

Other agencies

_____

_____

School / school division

Include address _____

Parent / legal guardian release

PARENT / LEGAL GUARDIAN NAME

I grant Grasslands Public Schools permission to exchange my child's personal information with the agencies or individuals indicated above. I understand this permission is voluntary and that I may withdraw it at any time by notifying Grasslands Public Schools in writing. I am aware that communication with these agencies may take place by telephone, fax, email, or video conferencing.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE (YYYY-MM-DD)