



Huron-Superior Catholic District School Board

Appendix 1

**Consent Form: Sharing of Confidential Information
with Support Person Present**

I, _____ consent to the sharing of confidential
information

(Parent/Guardian)

by _____

(name of principal/teacher/other staff member)

related to _____ my child/ward in the presence of my

(name)

support person _____ .

(name)

My support person _____ consents to safeguarding

(name)

confidentiality of the information shared.

Affirmation of consent:

Parent/Guardian Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

I undertake to safeguard the confidentiality of information shared between

_____ and _____

(School Staff)

(Parent/Guardian)

for whom I am support person.

Signature of Support Person: _____ **Date:** _____

Printed Name of Support Person: _____

Signature of Witness: (Principal/Staff Member): _____

(Printed Name of Witness): _____