



# 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): \_\_\_\_\_