



SD 47 (Powell River)

Auditory Outreach...A Provincial Resource Program

4351 Ontario Avenue, Powell River, BC V8A 1V3 Ph: 604-485-6283 Fax: 604-485-2886 Toll Free 1-866-430-4327

Permission-To-Share Parent/Guardian Consent

Student: _____ Date of Birth _____
(mm/dd/yy)

Dear Parent/Guardian:

The Auditory Outreach Provincial Resource Program ("The Program") is a provincial program operated by School District No.47 (Powell River), with funding from the Ministry of Education. The program uses the services of audiologists, speech and language pathologists, hearing resource teachers, and other professionals to support School Districts, group 1 and 2 Independent Schools and families in providing them with effective education and habilitation services for students with hearing loss, cochlear implants, and other hearing related difficulties.

To provide services, we require your permission to contact agencies and/or professionals who are providing, or have in the past provided, services for your child named above. This information below will be used for the purpose of the program providing equipment, habilitation or consultation services specific to your child's classroom and educational needs. All information collected in the process of providing these services is governed by the student records privacy policy of School District No. 47 (Powell River).

Your signature below will serve as consent for representatives from the program to obtain and share audiological, educational, and medical information relevant to your child's hearing difficulties with the agencies/professionals indicated. This request is consistent with requirements at other Provincial Resource Programs. Parents wishing further information about the program or this permission; please call Vernon Currie, Director, toll free at 1-866-430-4327.

Current School: _____ S.D. Name: _____

Audiology Clinic: _____

Physician *(if applicable)*: _____

Implant Centre *(if applicable)*: _____

Parent's Authorization:	Date: _____
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <small>Parent/Guardian Name (Print)</small>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <small>Parent/Guardian Signature</small>