BC FAMILY HEARING resource society

Surrey Early Speech and Language Program

PERMISSION TO OBTAIN AND RELEASE INFORMATION

This information is entirely confidential

To best serve your child and family, it may be necessary to obtain from and share information with other individuals or agencies who are involved with your child. Information to be shared is limited to what is necessary to enable us to work effectively with you and your child. (e.g. goals, observations, assessments, reports, etc.)

- **In order for us to request or receive information, please:**
- **Fill in this form as completely as possible**
- **Read and sign below in both boxes.**
- **Initial each service you are receiving/have received (ON BACK)**

Child: _____ Birthdate (mm/dd/yy): _____/_____/_____

Address: _____ Phone Number: _____

I hereby give permission to obtain and release verbal or written information from the following individuals and agencies to Surrey Early Speech and Language Program:

_____ _____

Name of Legal Guardian (Please print) | Telephone Number

_____ _____/_____/_____

Signature | Date (mm/dd/yy)

In order to quickly provide information and reports to you or other professionals providing service to your child, we sometimes use email or fax. We take precautions using email and fax in an attempt to protect your privacy. However, you need to be aware that faxing or emailing information does include the risk of personal information being accidentally disclosed to other people (e.g. on the web). For this reason we need your permission to send reports through email or fax.

_____**Yes**, I give my permission to send reports on my child through email or fax.

_____**No,** I do not give permission to send report on my child through email or fax. All reports must be sent through the mail.

_____ _____/_____/_____

Signature | Date (mm/dd/yy)

This authorization will terminate 12 months from the date of most recent signature or sooner at family's request.

Continued on back – please turn over→

Address: #205-10330-152nd Street Surrey, BC V3R 4G8
VOICE: 604-498-1833 FAX: 604-498-0085
Website: www.seslp.org E-mail: info@seslp.org

Child's Name: _____

LEGAL GUARDIAN INITIALS	SERVICE	NAME/AGENCY, FULL ADDRESS & PHONE NUMBER
	Community Audiologist	
	Surrey Memorial Hospital	
	Sunny Hill Health Centre	
	BC Children's Hospital	
	Family Doctor	
	Pediatrician	
	Speech Language Pathologist	
	ENT	
	Physiotherapist	
	Occupational Therapist	
	Psychologist	
	Preschool/Daycare	
	Supported Childcare	
	Infant Development	
	Foster Parent	
	School	
	Other	

Please ensure each appropriate individual or agency is initialed in the left column.

Address: #205-10330-152nd Street Surrey, BC V3R 4G8
VOICE: 604-498-1833 FAX: 604-498-0085
Website: www.seslp.org E-mail: info@seslp.org