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CONSENT TO SHARE INFORMATION

(This form is to be filled out if communication is required between me and someone other than the parents or legal guardians)

I, (Parent's name) _____

Of (address) _____

consent to the exchange of written and verbal information between:

Name of other Speech-Language Pathologists/educator/developmental specialist/other. Please note: If the other professional works for an agency, the consent must specify the name of that organization, not the employee's name. E.g. Toronto District School Board, Toronto Preschool Speech and Language Services – North Quadrant, etc

(Please use a separate form for each new agency/individual you are allowing to exchange information with us)

and

In respect of (name of child) _____

Date of birth _____

For the purpose of: (check all that apply) Making/receiving a referral

- Programming suggestions
- Goal setting
- Co-ordination of services
- Updating progress
- Other _____

(signature)

(witness)

(Relationship to child)

(date)

Please note: should the purpose of communication between me and the above named person change, a new consent form will need to be signed.