



RELEASE OF CONFIDENTIAL INFORMATION

Child Care Services
T: 250-370-4880 F: 250-370-4888
E: childcare@camosun.ca

Please fill out the form and return to your Sr. Educator.

As, parent/guardian of:

Child's Name

I give my consent to the Manager of Child Care Services and/or the centre's Sr. Educator to provide verbal information to and/or release information/reports to:

Agency Name
Contact Name
Regarding:

This Consent is valid for the duration of my child's enrollment at Camosun College Child Care Services.

Enrolling Parent/Guardian Name	Signature	Date
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OFFICE USE ONLY

Sr Educator Name	Signature	Date
Manager Name	Signature	Date