



CHILD CARE SERVICES

CONSENT FOR AND RELEASE OF CONFIDENTIAL INFORMATION

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

I, _____, parent/guardian of
(name)
_____ give my consent to
(child's name)

Lisa Stekelenburg and/or _____
(Manager) (Sr. Educator)

to request information from _____ and/or release
written and/or verbal reports to _____ regarding

This consent and release of information is valid only for the period of time that my child is enrolled in Child
Care Services at Camosun College.

SIGNATURE OF PARENT _____

DATE _____

Office use only

SR. EDUCATOR SIGNATURE _____ **DATE** _____

MANAGER'S SIGNATURE _____ **DATE** _____