



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
CONSENT FORM FOR SUPPORT PERSON INVOLVEMENT**

I, _____ consent to the sharing of confidential information
(name of parent/guardian)

by _____
(name of principal/teacher/other staff member)

related to _____ in the
(name of child/ward)

presence of my support person, _____.
(name of support person)

My support person consents to safeguarding the confidentiality of the information shared.

Affirmation of consent:

Parent/Guardian
Signature _____ Date _____

(Printed Name of Parent/Guardian) _____

I undertake to safeguard the confidentiality of information shared between (school staff) and (parent/guardian) for whom I am a support person.

Support Person
Signature _____ Date _____

(Printed Name of Support Person) _____

Signature of Witness –
Principal/Staff Member _____ Date _____

(Printed Name of Witness) _____