

Lalmé Iwesawtexw  
Seabird Island Community School

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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ hereby give my written consent to have the

\_\_\_\_\_ release all pertinent  
(Name of School)

medical, psychological, or psychiatric (including social history) information which pertains to my

child, \_\_\_\_\_, Date of Birth M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

to \_\_\_\_\_  
**Name and title of person requesting the information.**

I further release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

SIGNATURE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_.