

Children's Health Clinic

East Calgary Health Centre
Main Floor, 4715 8 Ave SE
Calgary, AB T2A 3N4

Telephone: (403) 955-1077
Fax: (403) 955-1076 Attention: Manager
E-Mail: manager.childrenshealthclinic@gmail.com

CONSENT TO RELEASE/OBTAIN INFORMATION

Parent/Guardian please sign and provide to school

School Personnel please fill in e-mail addresses then fax or email completed form to Children's Health Clinic

Re: _____
Child's Name

D.O.B. _____

I, _____ give my permission for the staff of the Children's
Parent/Guardian Name
Health Clinic to obtain/release information via **email, fax or by telephone**
with _____
name of Child's School

regarding my child for the management of my child's care. Prior to the initial consultation the teacher(s) will receive an email from the clinic which contains a link to a secure questionnaire. **PLEASE NOTE** that this questionnaire **DOES NOT** contain any personal information. This consent is valid for one year from the date signed below.

Signed,

Printed Name

Relationship

Signature

Date

Teacher Name: _____ E-mail: _____

Teacher Name: _____ E-mail: _____

Teacher Name: _____ E-mail: _____

Teacher Name: _____ E-mail: _____