



Dear Parent:

In order to best meet the needs of the children in our care, it is sometimes valuable to exchange information between the **early childhood educators from RisingOaks** and the **identified Health Care Professionals**. All involved will respect the confidentiality of information shared by the parents and shall exchange that and other information only when it will benefit the child.

Child's Name _____ DOB _____
MM DD YYYY

School/Centre _____ Grade/Program _____

Health Care Professional _____

I am the legal guardian of the child and have the authority to enter into this agreement. I give permission for RisingOaks Early Learning and the identified Health Care Professional(s) to exchange information about my child in cases where it may be of benefit to my child/ward.

PARENT/GUARDIAN _____

SIGNATURE _____

Use Tools, Fill & Sign to draw or type your signature.

DATE _____

FOR OFFICE USE ONLY

Received by:

Date: _____

Centre Supervisor/Assistant Supervisor

Shared with:

Date: _____

Health Care Professional(s)

(2020-12)

This document is available in alternate formats and/or with communication supports, upon request. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.risingoaks.ca or contact your centre Supervisor for a copy.