

### **USE OF SUPPORT PERSON CONSENT FORM**

I, (parent/guardian) consent to the sharing of confidential information by (name of principal/teacher/other staff member) related to my child/ward (name) in the presence of my support person (name).

My support person (name) 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 Staff Person)

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