

Child's name:

Child's date of birth:

Parent/Guardian name:

Resource consultant:

Resource consultant start date:

Child care program attending:

Date of discharge:

Reason for discharge:

Complete by:

## Parent/Guardian consent for transfer of information:

Discharge Summary Report is forwarded to Niagara Region Children's Services electronically. It will be shared as indicated above with the informed consent of the Parent/Guardian.

Taking into account that e-mail is not guaranteed to be a secure method of transmission but nevertheless preferring this method, I hereby direct and authorize (and release from any liability for so doing) The Regional Municipality of Niagara's Community Services Children's Services to forward the personal information of me and my child and my spouse, if applicable, on this form by e-mail to the child care service provider approved on this form.

Parent has been informed of the above statement?

Yes

Parent/Guardian Signature:

Date: