



## Foothills Academy

745 - 37 Street N.W.

Calgary, Alberta Canada T2N 4T1

Ph.: (403) 270-9400 Fax: (403) 270-9438

### INSTRUCTIONS TO PARENTS

Please send this 'Consent to Release' form to your child's school/agency so they will send copies of your child's records/assessments directly to Foothills Academy.

Records/assessments must come directly from your child's school or agency.

### CONSENT OF PARENT/LEGAL GUARDIAN FOR RELEASE OF EDUCATIONAL, MEDICAL, PSYCHIATRIC AND PSYCHOLOGICAL RECORDS OF A MINOR

I do hereby consent to the release to Foothills Academy, and to any duly authorized personnel thereof, copies of all the records, including Report Cards (including current year), Individual Program Plans (IPPs), Attendance Records, and information of Educational, Medical, Psychiatric, and Psychological examinations or treatments rendered to:

\_\_\_\_\_ a minor

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

Please forward copies of these documents at your earliest convenience to:

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