



## CONSENT TO RELEASE FORM

### 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.

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

I/We consent to the release to Foothills Academy and to any of its authorized staff, 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 given to:

\_\_\_\_\_ a minor.  
Name of Child

Parent/Legal Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

**To the School/Agency:**

Please forward copies of documents at your earliest convenience to:

**Foothills Academy**

745 – 37 Street NW

Calgary, AB T2N 4T1

Phone: 403.270.9400

Fax: 403.270.9438