



**Nanaimo Ladysmith
Public Schools**
纳奈莫 莱迪史密斯
公立学校

**395 Wakesiah Avenue
Nanaimo, V9R 3K6**
纳奈莫395#威克赛亚街道
V9R 3K6

**Consent for
Exchange of
Information**
信息交换同意
书

Please use English characters

Re:
兹就：

<i>Child/Youth's Name</i> 学生姓名	<i>Date of Birth</i> 出生日期
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I/We:
我（们）：

<i>Name(s)</i> 姓名	<i>Relationship to the Child/Youth</i> 与此学生关系
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Address:
地址：

<i>Street Address, City & Province</i> 街道地址, 城市& 省份	<i>Postal Code</i> 邮编
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Consent to the release and/or exchange of any relevant information of the above identified child/youth:

同意开放和/或交换任何和此生有关的信息：

- To Nanaimo Ladysmith Public Schools Department of Learning Services (school/district-based services);
同意对纳奈莫莱迪史密斯公立学校的学习辅导服务部门（学校/学区为基础的服务）开放信息；
- Between Nanaimo Ladysmith Public Schools Department of Learning Services (school/district-based) and relevant service provider (e.g.: health care providers, nursing support services, Child and Youth Mental Health, Ministry of Children and Family Development, social worker, medical doctor and/or any other program/service-staff accessed by the child/family) who are involved with Nanaimo-Ladysmith Department of Learning Services for the child/youth.
同意纳奈莫莱迪史密斯公立学校的学习辅导服务部门（学校/学区为基础）与和此部门有事务往来的相关服务提供者（例如：健保，护理，青少年精神健康，儿童和家庭发展部门，社会工作者，医生，和/或其他此生/此家庭涉及的部门/服务人员）之间互换信息。

This information will be used to facilitate the development of child-specific educational programming in Nanaimo Ladysmith Public Schools and community, to make referrals to other service providers, and for the administration of programs and services for the child/youth identified above.

此信息将被用来促进纳奈莫莱迪史密斯公立学校和社区以儿童为中心的教育项目的发展，推介给其他服务提供者，以及用于管理和此名学生相关的项目和服务。

- It is agreed that any correspondence between the school and service provider will be copied to the parent/guardian.

协议约定，学校和服务提供者之间的任何往来信件都将复制并提交给家长/监护人。

I/We understand that a signed Consent for Exchange of information form is a condition of eligibility for support services. This is a continuing consent that is valid until I/We revoke it by contacting the school-based case manager, or school principal, in writing and withdrawing my/our consent.

我/我们明白签署信息交换同意书是得到支持性服务的前提条件。此协议将持续有效，直到我/我们与校内个案负责人或校长书面联系，撤回我们的同意。

<i>Name of Person Giving Consent</i> 授权人姓名	<i>Signature</i> 签名	<i>Date (YYY/MM/DD)</i> 日期 (年/月/日)
<i>Name of Person Giving Consent</i> 授权人姓名	<i>Signature</i> 签名	<i>Date (YYY/MM/DD)</i> 日期 (年/月/日)
<i>Name of Person Witnessing</i> 证人姓名	<i>Signature</i> 签名	<i>Date (YYY/MM/DD)</i> 日期 (年/月/日)

The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79 (2) of the School Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Officer, School District 68 (Nanaimo-Ladysmith), 395 Wakesiah Avenue, Nanaimo, BC V9K 3K6 Telephone (250) 754-5521.

本表格中的信息是根据“学校法”第13和97部分的规定收集的。它所提供的信息将用于教育目的，并且，根据“学校法”第79（2）条中的描述，在需要时可提供给保健服务，社会服务或其他支持性服务。如果您对收集和使用这些信息的过程有任何疑问，请联系您的学校负责人或68学区的信息和隐私部门负责人，地址：卑诗省纳奈莫威克赛亚街395号，邮编：V9K 3K6，电话：（250）754-5521。

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2017年2月更新