



Dr. Michelle C Francis MSc, MD, FRCP(C)
Consultant Paediatrician

101-1650 Terminal Ave N.
Nanaimo, BC V9S 0A3
Phone: (778) 402-3663
Fax: (250) 591-1913

CONSENT TO RELEASE INFORMATION FROM SCHOOL

Child's name: _____

Birthdate: _____

To determine what services your child requires, we require your permission to contact your child's school/preschool.

Name of school/preschool: _____

Contact person: _____

Title/position: _____ **Phone:** _____

I _____, parent/legal guardian, consent for the release of any information which the school/preschool may have regarding my child's school function or development, including written or verbal reports to Dr. Francis or Michelle Surtees

Signature of parent/legal guardian: _____ Date: _____



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CONSENT TO SHARE INFORMATION

I, _____ parent/legal guardian of, _____

Date of Birth _____, PHN _____.

Give my consent for information to be shared between Michelle Surtees (Family Liaison Coordinator for the CYAN clinic) and Dr. Michelle Francis.

This consent can be withdrawn at any time.

Signature

Date