

As the parent or legal guardian of _____, I hereby give consent to the Family Wellness Worker (FWW) at _____ (school name) to provide extra support to my child and/or family.

The primary role of the FWW is to provide social/emotional support and facilitate connections among family, school, and community resources. The FWW's role typically involves collaborating with school staff, facilitating referrals to community resources, and providing one-one support sessions with the student or family members.

Any information gathered by the FWW is confidential and stored securely. Exceptions to confidentiality include situations where Elk Island Catholic Schools staff are required by law or professional obligation to report, such as if there is risk of harm to the health or safety of a minor. In addition, pertinent personal information may be shared with members of my child's learning team for the purpose of improving programming and support. However, any sharing of information will be done with utmost care and respect and only if deemed to be in the best interests of your child. Refer to the Children First Act (2013), the Health Information Act (2000), the Freedom of Information and Protection of Privacy Act (2000), and the Personal Information Protection Act (2003). See <http://infosharing.alberta.ca/> for further details.

Date: _____

***Parent/Guardian:** _____
(Signature) *(Please Print)*

***Parent/Guardian:** _____
(Signature) *(Please Print)*

Student: _____
(16 years and older) *(Signature)* *(Please Print)*

This consent is effective upon signing and is valid until June 30 of the current school year. The parent / guardian may revoke this consent at any time by writing to the FWW and School Principal.

*** Note: Both parent signatures are required in cases of joint/shared custody.**