



Shine On

Consent to Exchange Information with Community Partners (Timmins)

Start Date for Release: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

By signing below, I, \_\_\_\_\_ (Parent/Guardian Name), hereby give consent to the YMCA of Northeastern Ontario to release to/or request information regarding my above child(ren)'s registration, attendance, progress, transportation, or any other information affecting their health, safety and well-being with the below community partners:

Please select all that apply, include contact's name (if applicable):

- Cochrane Temiskaming Children's Treatment Center: \_\_\_\_\_
NEOFACS: \_\_\_\_\_
Kunuwanimano: \_\_\_\_\_
Infant Development: \_\_\_\_\_
Speech & Language Pathologist: \_\_\_\_\_
Physiotherapist: \_\_\_\_\_
Occupational Therapist: \_\_\_\_\_
Other Community Partners (please indicate): \_\_\_\_\_

This consent will remain in effect until my child(ren) is/are no longer registered with the YMCA of Northeastern Ontario or otherwise revoked by myself in writing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please note that once completed, a copy of the consent may be given to the appropriate community partner(s).