



# MARYMOUND

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## Consent Form

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I, \_\_\_\_\_ hereby authorize Marymound to obtain and  
(Please print)  
release information regarding \_\_\_\_\_ (Student name)  
as deemed necessary or appropriate by Marymound to facilitate my child's treatment.  
Information obtained from responsible community agents may include: assessment  
information, information from the referring child and family agency, medical, dental  
and school records. Information released to responsible community agents may  
include: progress reports, school reports and assessment results.

I consent to Marymound storing student information for the prescribed length of time  
as described in Province of Manitoba Pupil Record Retention guidelines.

I also consent to Marymound School's use of videotaped recording of my child if  
deemed beneficial for safety purposes or therapeutic treatment. Any videotaped  
records are *solely* for internal use at Marymound School and will not be released to  
any external agency without my further written consent.

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Signature of parent

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Witness

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Signature of guardian (if applicable)

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Date