



RELEASE OF CONFIDENTIAL INFORMATION

Child Care Services
4461 Interurban Road
Victoria, BC V9E 2C1
T: 250-370-4880 F: 250-370-4888
E: childcare@camosun.bc.ca
www.camosun.ca/childcare

Please fill out the form and return to your Sr. Educator immediately.

I, _____, parent/guardian of
(name)

_____ give my consent to
(child's name)

Lisa Stekelenburg, Manager of Child Care Services and/or _____
(Sr. Educator's name)

to provide verbal information to and/or release information/reports to _____

_____ regarding _____

This consent and release of information is valid only for the period of time that my child is enrolled in Child Care Services at Camosun College.

SIGNATURE OF PARENT _____

DATE _____

Office use only

SR. EDUCATOR SIGNATURE _____ **DATE** _____

MANAGER'S SIGNATURE _____ **DATE** _____