



## PARENTAL CONSENT FOR THE EXCHANGE OF INFORMATION

NAME OF CHILD	DATE OF BIRTH (DD/MM/YY)	GRADE

I \_\_\_\_\_ hereby authorize \_\_\_\_\_

PARENT/GUARDIAN NAME

SCHOOL NAME

and Boys & Girls Club of Cornwall/SDG to exchange educational, health/medical and transportation information about my child(ren).

Parent/Guardian Name: _____ PLEASE PRINT
Parent/Guardian Signature: _____
Date: _____

**This form will cease to be valid on July 1<sup>st</sup> of the school year it was signed or when a child no longer attends the Boys & Girls Club of Cornwall/SDG.**