

Consent to Disclose Personal Health Information
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)
&
Freedom of Information and Protection of Privacy Act, R.S.O 1990,c. F.31

I, _____, _____,
(Print your name) (Date of Birth)

Her eby consent and authori ze the release and disclosure by (Print name of Person, Agency, or institution)

1. _____
2. _____
3. _____
4. _____

Any Health/Police/School information, report, document, assessment, record, material, statements, concerning myself to representatives of, Independent First Nations Alliance (IFNA) Secondary Student Services Program, its employees, as may be required for the purpose of: my Supervisor and Care while I am attending school under their care.

I also understand that I can withdraw my consent in writing at any time and that I can restrict the nature and type of information shared.

This consent is considered valid for the _____ school year.

Student Name (Please Print)

Signature

Parent/Legal guardian (If under 16)

Signature

Witness (IFNA Employee)

Date



**INDEPENDENT FIRST NATIONS ALLIANCE
EDUCATION SERVICES**

SIOUX LOOKOUT OFFICE

34 Prince Street, Sioux Lookout, ON P8T 1K6

Toll Free: 1-888-253-IFNA | Tel: (807) 737-1902 | Fax: (807) 737-3501



Student Agreement and Acknowledgement Form

IFNA Home Away Program or IFNA Boarding Home Students

KEY POINTS	PARENT INITIALS
All parties agree to work in the best interest of the students.	
The IFNA Education Department Policy Guidebook has been received and reviewed. <ul style="list-style-type: none"> • Each party knows and agrees to their roles and responsibilities – as outlined in the IFNA Education Department Policy Guidebook. 	
Students, guardians and IFNA partner communities understand and agree they do not have to send their kids out for school. <ul style="list-style-type: none"> • Students are allowed to remain home and study online if this is more comfortable. 	
Each party agrees to the steps required to file any formal complaint, concern, or request for additional support. <ul style="list-style-type: none"> • The Education Leadership in the community will be the first point of contact for all concerns, which must be submitted in writing, using the appropriate form. 	
Parents, guardians and Community Education Leadership understand that their students are committing to their academics. <ul style="list-style-type: none"> • The student must be registered in 4 credit courses each semester and remain in good academic standing with grades and attendance • Education takes priority over extracurricular activities and/or sports • Failure to focus on academics could result in academic probation to sponsorship being revoked. 	

Date (yy/mm/dd): _____ **School Year / Semester:**

Student Name: _____ **Signature:**

Parent/Guardian Name: _____ **Signature:**

IFNA Director, Student Services _____ **Signature:**

Community Education Contact: _____ **Signature:**

Community Name:

Boarding Home Parent (if applicable): _____ **Signature:**