



The purpose of this form is to seek parental/legal guardian consent to collect, use and disclose your child’s basic information by the Department of Education to the Department of Health and Social Services (HSS).

This consent is only needed once per enrollment with the Yukon Department of Education. This is NOT consent to perform health services. Consent can be revoked at any time.

This information is used to offer services and help track usage of services for students, monitor communicable disease occurrences and will help to provide information to those who may be at risk.

HSS offers public health services to school aged children including dental health, immunizations, vision screening, hearing screening, and communicable disease prevention and management. These health programs would like to use school class lists to provide information to students and parents.

This consent allows the Department of Education to provide the following information to HSS.

- School information including school name, grade and homeroom.
- Student information including;
 - o Name, date of birth and gender.
 - o Address and phone number.
- Parent/guardian name, relationship and phone number.

For more information, please contact the school.

Please complete the form and return to your child’s homeroom teacher.

I, _____, the parent/legal guardian of _____
Print parent/legal guardian name Print child’s name

- I hereby **GIVE** CONSENT
- I hereby **DO NOT** GIVE CONSENT

to the Yukon Department of Health and Social Services to collect and use personal information of my child/ward,

_____, from the Yukon Department of Education. This information is
Print child’s name

required by the Yukon Department of Health and Social Services to offer one or more child public health programs.

Parent/guardian signature

Student (19+) signature

YYYY/MM/DD
Date

Information contained in this form is collected, used and disclosed in accordance with Yukon’s *Health Information Privacy and Management Act* and other applicable laws for the purpose of carrying out or evaluating the Universal Child Public Health Program. A written statement of Health and Social Services information practices can be viewed at www.yukon.ca/healthprivacy or by contacting the department’s Privacy Officer at healthprivacy@yukon.ca.