SHKODAY
IGNITING THE SPIRIT WITHIN

Authorization for the Release of Information

I/we _____ authorize ***Shkoday Abinojiiwak Obimiwedoon: Thunder Bay Aboriginal Head Start*** to exchange information related to the services provided by the following agency(ies)/professional(s):

- Dilico Anishnabek Family Care
- Children's Centre Thunder Bay
- George Jeffery Children's Centre
- Thunder Bay District Health Unit
- District Social Services Administration Board
- Thunder Bay Catholic District School Board
- Lakehead Public School Board
- Health Care Provider _____
- Other _____
- Other _____

Concerning the following:

Name	Date of Birth

For the purpose of assessment, planning, care and support of myself and/or my family.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Witness Date

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990*, as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, *R.S.O. 1990* and the *Personal Health Information Protection Act, 2004.* For questions regarding the collection of your personal information, please contact Shkoday Abinojiiwak Obimiwedoon: Thunder Bay Aboriginal Head Start, 1610 John Street Road, Thunder Bay, ON P7G 1J9 Phone: 807-768-2342