



**Transition to School Consent Form for:**  
**Sharing of Information and Continuation of Services**

As parent or legal guardian of

\_\_\_\_\_ I hereby  
give my consent for Sunrise Health Region Children’s Therapy Program to share  
information with Good Spirit School Division as my child transitions into the  
school system.

I also give permission for the Good Spirit School Division:

\_\_\_\_\_ Speech Language Pathologist

\_\_\_\_\_ Occupational Therapist

\_\_\_\_\_ Psychologist

\_\_\_\_\_ Physical Therapist

to provide services to my child which may include assessment, intervention and  
programming.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)