

Marathon Children and Family Centre  
**Authorization for Contact / Release of Information**

I hereby authorize the **Marathon Children and Family Centre** to **CONTACT INDIVIDUALS OR RELEASE** only the following information/reports that pertains to:

\_\_\_\_\_  
Name of Child and Date of Birth

**Authorization for contact and involvement from:**

- ☐ Children's Centre Thunder Bay \_\_\_\_\_
- ☐ North of Superior Counselling Programs \_\_\_\_\_
- ☐ Dilico Anishinabek Family Care \_\_\_\_\_
- ☐ Children's Aid Society \_\_\_\_\_
- ☐ Marathon Family Health Team \_\_\_\_\_
- ☐ Marjorie House \_\_\_\_\_
- ☐ School \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Authorization for the following information:**

\_\_\_\_\_

**to be released to:**

- ☐ Children's Centre Thunder Bay \_\_\_\_\_
- ☐ North of Superior Counselling Programs \_\_\_\_\_
- ☐ Dilico Anishinabek Family Care \_\_\_\_\_
- ☐ Children's Aid Society \_\_\_\_\_
- ☐ Marathon Family Health Team \_\_\_\_\_
- ☐ Marjorie House \_\_\_\_\_
- ☐ School \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Authorization for the following information:**

\_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print FULL NAME

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_