



**The Magellan International School**  
**El Colegio Internacional Magallanes**  
麦哲伦国际学校

**Child Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**Consent for Release of Confidential Information**

I, as parent/guardian of the above-named child, hereby authorize The Magellan International School staff to contact, disclose and receive information from \_\_\_\_\_ . I understand that the consent may be withdrawn at any time upon my written request to the school.

**Signatures:**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Staff \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the staff from The Magellan International School will be exchanging oral and/or written information concerning my child and family with \_\_\_\_\_ .