

BILLANOOK PRIMARY SCHOOL
PARENT MANAGED HEAD LICE PROGRAM

CONFIDENTIALITY AGREEMENT

As a volunteer parent head lice inspector at Billanook Primary School, I acknowledge that in the course of my work, I will be privileged to personal and confidential information about children and their families.

I agree not to discuss such personal and confidential matters with any persons other than the family concerned and school personnel.

I understand that breach of confidentiality would result in my dismissal from the program.

I agree to have a Working With Children check performed prior to June 30, 2008.

I hold a current Working With Children card.

.....
Volunteer parent's name (Please print)

Contact Phone No

Via child

.....
Volunteer parent's signature

Date

.....
Principal's signature

Date

Working With Children check: Date