

DISCHARGE SUMMARY REPORT

Child's Name:	D.O.B.
Parent/Guardian Name:	
Resource Consultant:	Child Care Program Attending:
Resource Consultant Support Start Date:	Date of Discharge:
Reason for Discharge:	
Completed by:	

Parent/Guardian consent for transfer of information:

Discharge Summary Report is forwarded to Niagara Region Children's Services electronically. It will be shared as indicated above with the informed consent of the Parent/Guardian.

Print Parent/Guardian Name: _____ Date: _____