

# Schedule A

## Consent for Presence of Support Person

I, \_\_\_\_\_, consent to \_\_\_\_\_  
*Name of Individual Consenting* *Name of Support Person*

being present during my meeting with the staff of the Oshawa Public Libraries. I understand that the above named support person may hear private and confidential information about me during any such meetings.

I may revoke this Consent at any time by providing such revocation to the Oshawa Public Libraries in writing.

SIGNED at the City of Oshawa this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Oshawa Public Libraries

\_\_\_\_\_  
Individual

## Declaration of Confidentiality

I, \_\_\_\_\_, agree at all times to treat as confidential all  
*Name of Support Person*

information discussed by \_\_\_\_\_ and staff of the Oshawa Public Libraries.

SIGNED at the City of Oshawa this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Oshawa Public Libraries

\_\_\_\_\_  
Individual