

Date (dd-mmm-yyyy):

Outreach Therapy Family Connections Services

Occupational Therapy and Physiotherapy Programs

4325 Neill Street Port Alberni, B.C. V9Y 1E5 Fax: 250-723-7349 Phone: 250-723-1117

Consent to Obtain and Release Information

(please check each column as appropriate)				0 11
Occupational Therapy Physiotherapy Additionally, does the family/guardian consent to receiving newsletters and service updates from Outreach by email? Yes Does the family/child identify as Indigenous (as required by MCFD) Yes No No No Note: This consent expires in one year, upon discharge from service or if guardianship changes. (please check each column as appropriate) OBTAIN RELEASE AGENCY (provide contact name) Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Supported Child Dev. (PAACL) Pamily Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Adudiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent/ legal guardian:	, the par	ent/ lega	ıl guardian of (child's name):	
Additionally, does the family/guardian consent to receiving newsletters and service updates from Outreach by email? Yes Does the family/child identify as Indigenous (as required by MCFD) Yes No No Note: This consent expires in one year, upon discharge from service or if guardianship changes. (please check each column as appropriate) Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services	Date of Birth (dd-mmm-yyyy) give consent to:			
Does the family/child identify as Indigenous (as required by MCFD) Yes No No Note: This consent expires in one year, upon discharge from service or if guardianship changes. (please check each column as appropriate) OBTAIN RELEASE AGENCY (provide contact name) Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print):			to obtain and/or release verbal and written information with the	agencies belo
Does the family/child identify as Indigenous (as required by MCFD) No Note: This consent expires in one year, upon discharge from service or if guardianship changes. (please check each column as appropriate) Obtain Release AGENCY (provide contact name) Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian:	الم مالنان م	y doos the	a family/guardian consent to receiving newslatters and service undates from Outreach by or	ooil? Ves
(please check each column as appropriate) Separation Release AGENCY (provide contact name) DATI		-		
(please check each column as appropriate) OBTAIN RELEASE AGENCY (provide contact name) Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian:	Joes the la	arrilly/Criliu	identify as indigenous (as required by MCFD) Yes No	NO
AGENCY (provide contact name) Contact parents/guardians by: Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian:	Note: This c	onsent expi	res in one year, upon discharge from service or if guardianship changes.	
AGENCY (provide contact name) Contact parents/guardians by: Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (Island Health) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian:	(places of	haak aaab a	olumn og annvanrista)	
Contact parents/guardians by: Address Telephone Email Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent/ legal guardian:				DATE
Confirmation that address and contact information is correct in Nucleus: Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				27112
Ministry of Children and Family Development USMA Family & Child Services Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Foster Parents by Address Telephone Email Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian:			Ministry of Children and Family Development	
Early Childhood Mental Health Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent/ legal guardian:			USMA Family & Child Services	
Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian: Signature of parent / legal guardian:			Foster Parents by Address Telephone Email	
Speech & Language Pathology Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian: Signature of parent / legal guardian:			·	
Early Years Outreach (NTC) Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Early Childhood Mental Health	
Infant Dev. (PAACL) Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Supported Child Dev. (PAACL) Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Signature of parent / legal guardian:			` '	
Family Physician Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Paediatrician Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Supported Child Dev. (PAACL)	
Other Doctors: Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Family Physician	
Daycare/Preschool Program School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Paediatrician	
School District 70 Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Other Doctors:	
Audiology Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:			Daycare/Preschool Program	
Orthotist Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Public Health Nursing (Island Health) Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Public Health Nursing (NTC) Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of parent / legal guardian:				
Family Support (Island Health) Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of witness / clinician: Signature of parent / legal guardian:			,	
Family Support (Friendship Centre) Other: Name of parent/ legal guardian (print): Name of witness / clinician: Signature of parent / legal guardian:				
Name of parent/ legal guardian (print): Name of witness / clinician: Signature of parent / legal guardian:				
Name of parent/ legal guardian (print): Name of witness / clinician: Signature of parent / legal guardian:				
Name of witness / clinician: Signature of parent / legal guardian:			Other:	
	Name of	parent/ le	gal guardian (print): Name of witness / clinician:	
	Cian at	o of non	at / logal guardian	
Signature of witness / clincian:	Signatur	e or parer	it / iegai guardian:	
			Signature of witness / clincian:	
Polationship to shild:	Dolotions	ship to obj	ild-	
Relationship to child:	Keialions	enih ro cui	.iu.	

Consent type: