

Child Development Centre
 Of Prince George & District
 1687 Strathcona Avenue
 Prince George, BC V2L 4E7
 Phone: (250) 563-7168
 Fax: (250) 563-8039

Speech & Language
 1444 Edmonton Street
 Prince George, BC V2M 6W5
 Phone: (250) 565-7370
 Fax: (250) 565-7386

CONSENT TO OBTAIN / RELEASE INFORMATION

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

In order to provide safe and effective services for your child, it is helpful to both receive and share information about his/her history, diagnosis, strengths and challenges and progress with other professionals involved in his/her care. All information is treated with strict confidentiality. This authorization will be valid for a **one year period**; however you may withdraw or change it at any time by notifying us in writing.

| Initials of parent/legal guardian | Initials of parent/legal guardian | Professional/agency | Name/Phone (Information will be sent to initialled agency unless specified.) |
|-----------------------------------|-----------------------------------|--|---|
| Obtain information | Release information | | |
| | | Family physician | |
| | | Specialists (includes paediatrician, surgeon, psychologist, etc) | |
| | | MCFD (includes At Home Program) | |
| | | School/School district | |
| | | ASCD | |
| | | SCD (outside CDC) | |
| | | AIFDP/IDP | |
| | | NHA (UHNBC, SLP, Audiology, etc) | |
| | | Preschool/Daycare (outside CDC) | |
| | | Children's & Women's Hospital / BCCH | |
| | | Sunny Hill Health Centre | |
| | | Other (includes foster parents, etc) | |

 Print name of parent/guardian

 Signature

 Date

 Print Name of Witness

 Signature

 Date

CHILD'S NAME: _____

D.O.B.: _____

The consents of _____ (date) have been reviewed with the following results:

Consents are unchanged

Additions:

Deletions:

Signed: _____
Parent/Legal Guardian

Date: _____

Witness

Date: _____

The consents of _____ (date) have been reviewed with the following results:

Consents are unchanged

Additions:

Deletions:

Signed: _____
Parent/Legal Guardian

Date: _____

Witness

Date: _____

The consents of _____ (date) have been reviewed with the following results:

Consents are unchanged

Additions:

Deletions:

Signed: _____
Parent/Legal Guardian

Date: _____

Witness

Date: _____