



Request for Services



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

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

Child's Name: _____ D.O.B: _____ Gender: M/F
First Name, Last Name Month/Day/Year

PHN#: _____ English: Other: _____ Interpreter Needed: Y/N Aboriginal: Y/N (for MCFD Statistics)

Legal Guardian: _____ (_____) Phone: _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address City Province Postal Code

Legal Guardian 2: _____ (M, F, SW, FP) Phone: _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address City Province Postal Code

Email: _____

Other: _____ (M, F, SW, FP) Phone: _____
First Name, Last Name (Relationship) home cell work

Address: _____
Address City Province Postal Code

Email: _____

Supporting Social Worker: _____ Agency: _____ Phone: _____

Family Physician: _____ Paediatrician/Specialists: _____

Date Referred: _____ Referred By: _____
Agency Phone

→ Legal Guardian has given informed consent for this referral: Y N

→ Legal Guardian is aware speech and language services are integrated between the CDC and Northern Health: Y N

→ Legal Guardian is aware CDC services are integrated with Aboriginal Supported Child Development, and the School District: Y N

Reason for Referral:

Relevant Medical History: (diagnosis, extended hospital visits, communicable diseases, medical alerts i.e. seizures, allergies, EpiPen)
Please send all relevant medical reports to Child Development Centre/Northern Health.

Services Requested (please check✓):

Physiotherapy	Occupational Therapy	Speech Therapy	McGhee House	SCD	Family Services
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Office use only: Consents faxed



Consent for Service

Child's Name: _____ **Date of Birth:** _____

The Child Development Centre (CDC) maintains records relating to the services we provide. Information on your child/family is kept confidential and is protected under the Personal Information Protection Act. Information will be collected and released only with your informed consent.

By signing this form, you are consenting for your child to receive services from the Child Development Centre. This may include occupational therapy, speech language pathology, physiotherapy, family resources, early childhood education, supported child development, building blocks, and other related support services.

By signing this consent, you are acknowledging the following regarding our services:

- The CDC and the Northern Health Authority’s Speech and Language Clinic utilize a common electronic charting system and we provide integrated speech language pathology services.
- The CDC is a training facility for students in many fields. While receiving services at the CDC, your child may be observed, assessed and/or treated by a student under the supervision of a CDC employee.
- With your approval and where necessary, the CDC may charge you for additional materials and equipment that your child may require.
- The Child Development Centre is paid by the Ministry of Children and Family Development (MCFD) to provide Supported Child Development, Family Services, Therapy, and Building Blocks programming. The related charts that we maintain while undertaking these services belong to the Ministry. The Ministry may request access to this information with reasonable purpose, including but not limited to audits of services, investigations, and if the Ministry terminates our contract. Our contract with the Ministry requires us to provide this access.
- You have the option of becoming a member of the Child Development Centre’s society free of charge for as long as your child receives services from us. Members are able to vote at the society’s annual general meetings, helping guide the Child Development Centre’s services. Members also receive updates regarding our services up to twice per year.

If you wish to become a member, please initial here: _____

I _____ understand that this consent is valid for the duration of my child’s
Print Name service. I also understand that I can cancel this consent at any time by contacting the Child Development Centre in writing.

Signature of Legal Guardian

Signature of Witness

Date

Office use only: Student consent membership