Fraser Valley
Child Development Centre

Consent to Obtain/Release Information

By completing this form, you are giving FVCDC consent (as indicated) to collect, use and disclose information for the purposes of providing appropriate assessment(s) and service(s) to your child.

Please initial and give the name and address of all pertaining persons/agencies.
By signing this consent to obtain/release information, it will VOID ALL PREVIOUS CONSENTS on file.

Initials Only Obtain	Release			FVCDC Staff Use Please check if Admin to obtain info
____	____	School District (**must specify**)	School Name _____	☐
____	____	Private School (**must specify**)	Private School Name: _____	☐
____	____	Preschool (**must specify**)	Name: _____ Address: _____	☐
____	____	Daycare (**must specify**)	Name: _____ Address: _____	☐
____	____	Supported Child Development Program (**must specify** if other than FVCDC)	Name: _____ Address: _____	☐
____	____	Child Development Centre (**must specify** if other than FVCDC)	Name: _____ Address: _____	☐
____	____	Infant Development Program (**must specify** if other than FVCDC)	Name: _____ Address: _____	☐
____	____	BC Women's & Children's Health Centre		☐
____	____	Sunny Hill Health Centre		☐
____	____	Health Unit _____	_____	☐
____	____	My Child's Physician(s) (**must specify family physician or specialist**)		
		Name: _____ Address: _____	Name: _____ Address: _____	☐
____	____	Ministry of Child & Family Development (**must specify**)	Name: _____ Address: _____	☐
____	____	Other (**must specify**) Name: _____ Address: _____	Name: _____ Address: _____	☐

_____
Name of Child

_____
Child's Birth Date

_____
PHN Number (care card)

_____
Date

_____
Signature of Parent/Legal Guardian authorized to give consent

_____
Relationship to Child

_____
Address

_____

_____
Signature of Witness

Fraser Valley **Child Development** Centre

CONSENT FOR SERVICE

I, the undersigned parent or guardian of the child _____,

PHN # _____ Date of birth: _____,

do hereby consent to his/her assessment, treatment and/or other service provided by the Fraser Valley Child Development Centre. I understand that the FVCDC's model of service require parents/guardians to become actively involved and participate in enhancing and enriching their child's development.

Non-identifying statistical information may be collected, collated and distributed to support requests for funding, advocacy, resource allocation and measuring outcomes.

Information such as consents, referrals, internal and external reports, letters and therapy notes regarding your child will be kept on file at the centre. All reports generated by therapists and consultants regarding your child are sent to you. All information is kept in confidence and will not be released to anyone without your consent. You may view your child's file should you choose to do so.

☐ Yes ☐ No I am aware that from time to time the Centre will have practicum students, and I agree to have practicum students participate in my child's therapy program.

☐ No Check here if you do **NOT** want your name added to the FVCDC mailing list to receive e-mails, newsletters and information regarding other FVCDC special events and activities.

_____ _____

Date Signature

_____

Printed Name

_____

Printed Address

_____

E-mail Address

_____

Phone Numbers (Home and Work)

_____

Witness (a non-family member please)

Revised April 2015

Helping kids shine!

Abbotsford/Mission 102-32885 Ventura Ave. Abbotsford, B.C. V2S 6A3 | Tel: 604.852.2686 | Fax: 604.852.5794
Chilliwack/Fraser Cascade 45474 Luckakuck Way. Chilliwack, B.C. V2R 3S9 | Tel: 604.824.8760 | Fax: 604.824.8735
www.fvcdc.org