

Consent for Service Form

Child's Name: _____ DOB: _____

Medical No.: _____ Sex: M/F

Parents/Legal Guardian: _____

Phone: (h) _____

Address: _____

Phone: (w) _____

Email: _____ *(for information about CDC services, upcoming events, newsletter, etc.)*

Mailing Address: _____

Postal Code: _____

Caregiver, if not parent: _____

Phone: (h) _____

Address: _____

Phone: (w) _____

Mailing Address: _____

Postal Code: _____

Family Doctor: _____

Paediatrician: _____

MCFD Social Worker: _____

Phone: (w) _____

Information on your child/family is kept confidential and is protected under the Personal Information Protection Act. We maintain records of the services provided. Information will be collected and released only with your informed consent.

- This form provides authorization for your child to receive assessment/treatment services for speech-language pathology (SLP) through the Child Development Centre and the Northern Health Speech and Language Clinic.
- This form provides authorization for your child to receive assessment/treatment/educational/support services through the Child Development Centre for the following services: occupational therapy, physical therapy, child and family resources, early childhood education and supported child development.
- A charge may be made for materials if special equipment is needed for your child. This will be discussed with you at the time it is identified.
- The Ministry of Children and Family Development (MCFD) has awarded the Child Development Centre (CDC) the contract to provide the Supported Child Development Program and Therapy Services. Under this contract MCFD may request access to files housed at the CDC with reasonable purpose. Reasonable purposes may include, but not be limited to, audit of services, investigations, termination of services or other similar circumstances. As a contracted service provider, the CDC is obligated to provide this access if ever required.

I _____ understand that I may cancel this consent at any time by contacting the Child
(Print Name) Development Centre in writing

Signature of Parent / Legal Guardian_____
Signature of Witness

Date: _____