



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

I, the parent/ legal guardian of (child's name):

Date of Birth (dd-mmm-yyyy)

give consent to:

Occupational Therapy
 Physiotherapy to obtain and/or release verbal and written information with the agencies below.

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)

OBTAIN	RELEASE	AGENCY (provide contact name)	DATE
		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 (Friendship Centre)	
		Other:	

Name of parent/ legal guardian (print):

Name of witness / clinician:

Signature of parent / legal guardian:

Signature of witness / clinician:

Relationship to child:

Consent type:

Date (dd-mmm-yyyy):