

**MODEL FOR THE COORDINATION OF SERVICES TO CHILDREN/YOUTH  
CONSENT FORM**

I, \_\_\_\_\_ declare that I am: [please check appropriate box]  
(Name of consenting party)

- the parent/legal guardian of \_\_\_\_\_ who was born on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; or
- a minor child, born on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, who is 16 years of age or older and who has withdrawn from parental control; or
- 19 years of age or older.

I HEREBY GIVE MY PERMISSION to (a) representative(s) of:

- \_\_\_ the Department of Health and Community Services
- \_\_\_ the Department of Justice
- \_\_\_ the Department of Human Resources and Employment
- \_\_\_ the Department of Education
- \_\_\_ Other (please specify) \_\_\_\_\_

[please check appropriate boxes]

to:  Release/share relevant information with members of the ISSP Team

Release to \_\_\_\_\_, the following information \_\_\_\_\_  
(Others - please specify)

\_\_\_\_\_  
(Describe information)

Obtain from \_\_\_\_\_  
(Identify Department or agency)

the following information \_\_\_\_\_  
(Describe information - be specific)

Complete Child/Youth Profile for submission to the Regional Child Health  
Co-ordinator

which is necessary for the development/implementation of the Individual Support Services Plan.

I understand that the information which is the subject of my consent shall be treated as confidential and will only be shared to the extent necessary to develop and/or implement the individual support services plan. This information will only be disclosed in accordance with federal/provincial laws and will not be shared with any other person or agency without my consent except in accordance with such laws and with any interdepartmental protocols on the sharing of information.

This consent is given of my own free will and shall be valid for \_\_\_\_\_  
unless withdrawn by me in writing. (Period of time) - not to exceed 1 year

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CONSENTING PARTY

\_\_\_\_\_  
WITNESS