

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

I, \_\_\_\_\_ declare that I am employed by \_\_\_\_\_  
(name of party) (Identify Department or agency)

I met with \_\_\_\_\_ on \_\_\_\_\_  
(Identify individual) (Date)

for the purpose of obtaining a consent to the sharing of information for purposes of the individual support services planning process.

I, therefore, seek approval for the waiver of consent.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\*\*\*\*\*

Approval is hereby given for the waiver of consent to enable information to be shared for the purposes of the individual support services planning process.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

(For more information regarding this form please refer to the Information Sharing Protocol.)