



Consent for Release/Receiving of Information

Release of Information

I, _____ give permission to:
(myself, my child under sixteen years of age)

Stevenson, Waplak & Associates Quinte Childrens Homes BridgeCross Applewood Academy Other
to receive information from: (Please check off all that apply)

- a. School _____ Name of School/Board _____
- b. Police _____ Name of Police (i.e OPP, City Police, RCMP, etc.) _____
- c. Physician _____ Name and address of Doctor _____
- d. Public Health Agency _____ Name and address _____
- e. Children's Aid Society _____ Name and Address _____
- f. Other _____ Name and Address _____

To share written or verbal information regarding _____
(specify name of client/family and type of information sought)

Receiving of information

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To share written or verbal information regarding _____
(specify name of client/family and type of information sought)

I understand that:

- a) I may revoke my consent at any time.
- b) Information gathered will be treated confidentially.
- c) Information will be used for purposes of planning for and providing for and providing services for my child and family

Information will not be released to any other third party without my permission unless:

- a) I or my child have indicated that there is risk of harm occurring to me or my family or another person, or there is a disclosure of harm done to me, my family or another person.
- b) My life is subpoenaed or otherwise subject to review by legislation.

This Consent Valid until _____
(month/day/year)

My Signature verifies that this consent has been explained to my satisfaction and is clearly understood by me.

Legal guardian of client under 16 years of age

Client (12 years of age or over)

Relationship to client

Witness

*Copy to each initialed organization