



CONSENT FOR RELEASE OF PERSONAL, HEALTH, AND/OR EDUCATIONAL INFORMATION

The *Children's First Act* allows for the sharing of information between service providers in order to provide holistic care to children as long as:

- it is not contrary to the express wishes of the child and
- the service provider believes it is in the child's best interest.

Child's Name:

Date of Birth:

(yyyy-mm-dd)

Release of Information (Please ✓ appropriate boxes)

I, on behalf of _____, give consent to the use, collection, and disclosure of personal, health, and/or educational (verbal and/or written) information for the purpose of program planning, coordination, and service delivery between the following:

- SWRCSD Complex Case Team
- AB Children's Services
- AB Community and Social Services
- AHS Audiology and Children's Allied Health including AHS Community Pediatric Nurse Case Manager
- AHS Child and Adolescent Addiction and Mental Health Services
- School Jurisdiction (Name: _____)
- Impact Parenting for systems navigation support
- Other:

I understand: that my consent is voluntary, why I have been asked to disclose this information and I am aware of the risks and/or benefits of consenting or refusing to consent. I understand that it is my responsibility to advise SWRCSD¹, in writing, of my withdrawal of any part of, or all, of this consent.

Name:

Relationship:²

Effective Date:

Signature: _____

Expiry Date: _____

(if no date, valid for 5 years)

¹ Contact: Margaret Vennard, SWRCSD Regional Manager at 403-331-9500 or margaret@swrcsd.ca

² If you are not the legal guardian, please attach appropriate documentation indicating your ability to consent to services.