



CONSENT FOR SERVICE and RELEASE OF INFORMATION

Child's Name: _____

Date of Birth: _____

(yyyy-mm-dd)

Consent for Service (Please ✓ appropriate boxes)

- I, on behalf of my child, consent to the involvement of the SW RCSD Low Incidence Team for the purpose of assessment, consultation, and implementation of programming for the above named child.

SW RCSD Low Incidence Team includes:

- Teacher for the Blind and Visually Impaired
- Teacher for the Deaf and Hard of Hearing
- Educational Audiologist

Release of Information (Please ✓ appropriate boxes)

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.

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:

Alberta Children's Hospital (ACH)

AHS Children's Allied Health

Audiologist

Canadian National Institute for the Blind

Ear, Nose, and Throat Specialist

Optometrist / Ophthalmologist

Soundwave Hearing

SWRCSD Low Incidence Team

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 SW RCSD¹, in writing, of my withdrawal of any part of, or all, of this consent.

Name: _____

Relationship:² _____

Today's 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
Office address: 3305 – 18 Avenue North, Lethbridge, AB T1H 5S1

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