

## COMMUNITY COMMON CONSENT FORM

For the purposes of planning, providing, and/or coordinating services: **for me or for my child/youth (circle one).**

I, \_\_\_\_\_, consent that the following agencies/organizations may collect, use, and disclose only relevant personal information among themselves about me/my child/youth. This applies to both verbal and written/recorded information.

Please check and complete as applicable	Individual and program name
<input type="checkbox"/> <b>Child and Youth Mental Health (MCFD)</b>	
<input type="checkbox"/> <b>School</b>	
<input type="checkbox"/> <b>Family Doctor</b>	
<input type="checkbox"/> <b>Specialists- Pediatrician/Psychiatrist</b>	
<input type="checkbox"/> <b>Parent / family / trusted adult</b>	
<input type="checkbox"/> <b>Other (e.g., Community Agency, Police)</b>	

Your care/support team could include, for example: School counselor, teacher, principal, vice-principal; place of worship / pastor; sibling, friend, aunt/uncle, grandparent; youth/school police liaison officer; community counselor: START team, Deltassist, private counselor.

Do not share the following information: \_\_\_\_\_  
 with the following people / programs: \_\_\_\_\_

### Consent Form for Children and Youth

#### AUTHORIZATION

**I understand** that the professionals/organizations involved are required to protect my personal information; and use and disclose it only with my consent or as permitted/required by law including the Youth Criminal Justice Act (YCJA). Personal information that is collected, used, and/or disclosed among the professionals involved will be maintained and kept confidential by each professional in accordance with privacy laws, and their organization's standards and regulations.

**I understand** there is a legal obligation on the professionals/organizations involved to report certain information (i.e.: abuse, information about imminent harm to self and others, etc.) and that such information cannot be held in confidence.

**I understand** that I may revoke this consent at any time and that revoking my consent will not affect any action already taken by professionals/organizations or recipients of the personal information, before they received written notice of my revocation, or affect future service.

<b>Child/Youth , or Parent/Guardian/Substitute Decision Maker</b>	<b>Witness</b>	<b>Date</b>
<b>This consent is effective until (limit two years)</b>	<b>Name of organization</b>	<b>Organization representative</b>