

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"/> Child and Youth Mental Health (MCFD)	
<input type="checkbox"/> School	
<input type="checkbox"/> Family Doctor	
<input type="checkbox"/> Specialists- Pediatrician/Psychiatrist	
<input type="checkbox"/> Parent / family / trusted adult	
<input type="checkbox"/> Other (e.g., Community Agency, Police)	

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.

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