Children's Therapy and Family Resource Centre

801 McGill Road, Kamloops, BC V2C 6R1 Phone: (250) 371-4100 Fax: (250) 371-4120
www.kamloopschildrenstherapy.org

Consent Form

Child's Name: Date of Birth:

I, (legal guardian's name), do hereby authorize the staff of the Children's Therapy and Family Resource Centre to provide my child with clinical services.

I hereby authorize the Children's Therapy and Family Resource Centre to obtain and release information relevant about my child, to and from the following agencies/persons.

(Please initial each applicable box)

- ☐ At Home Program
- ☐ Autism Diagnostic Team
  (Coordinator, Interior Children's Assessment Network, Psychologist, SLP, OT, Pediatrician)
- ☐ BC Children's Hospital
- ☐ Child and Youth Mental Health
- ☐ Equipment Dealer:
- ☐ Family Physician:
- ☐ Foster Family:
- ☐ Infant Development Program
- ☐ Interior Community Services
- ☐ Ministry for Children and Family Development
- ☐ Orthotics/Prosthetics Services:
- ☐ Pediatrician:
- ☐ Preschool/Daycare:
- ☐ Public Health (IHA)
  (Public Health Nurse, Dietician, Speech Therapist, Audiologist)
- ☐ School District:
  - ☐ # 73 (Kamloops Thompson)
  - ☐ #58 (Merritt)
  - ☐ #74 (Gold Trail)
  - ☐ Other:
- ☐ Sunny Hill Health Centre for Children
- ☐ Other Family Members:
- ☐ Other Agency/Person:
- ☐ Other Agency/Person:

☐ I hereby authorize the staff of CTFRC to help my child with toileting needs as required.

☐ I hereby give my consent to allow audio/visual records to be taken of my child for the following reasons:

- ☐ To be used for the child's treatment. This information may be shared with the child's team.
- ☐ To be used for teaching and workshops. It is understood that the child will not be identified by name. I waive all rights to payment or royalties in connection with any presentation of these photographs/videos now and in the future.
- ☐ To be used by the Children's Therapy and Family Resource Centre now and in the future for public community relations, eg. brochures, display boards, print material and fund raising.

Signature: Date:
(Legal Guardian – *electronic signature assumed*)

Relationship to Child:

Consents are valid for one year from date of signing. They are reviewed annually.