

The PACE Program – Outreach Support Services  
**CONSENT TO DISCUSS CHILD**

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Date:</b>		<b>*Consent Expiry Date:</b>	
		<b>*Consent Withdrawal Date:</b>	
<b>Centre:</b> <i>(where service will be provided)</i>		<b>Centre Liaison:</b>	
<b>PACE Child &amp; Family Worker:</b>		<b>Estimated end date of PACE service:</b>	

- I / We, consent to the PACE Child & Family Worker observing \_\_\_\_\_ *(child's name)* and discussing strategies to support the daycare, preschool or school-aged program staff in providing for the growth and development of my/our child.
- I / We understand that strategies discussed to support my/our child will be shared with me/us in a mutually agreed upon format; *no child specific report will be provided.*
- NOTE: email communication will require a separate consent, if applicable/possible.
- Any written notes on my/our child will be securely and confidentially filed. This will be the responsibility of \_\_\_\_\_ *(centre liaison)*.

**Strict confidentiality will be maintained.**

- **I / We understand that this consent expires on the date noted above and that my/our consent can be withdrawn at any time.** NOTE: Maximum time for consent is 6 months; consent also expires when type of PACE Service changes or ends. \*
- **I / We acknowledge that we are aware and/or have reviewed the following information about PACE.**
  - *Orientation - PACE Program*
  - *Outline - PACE Outreach Support Services*

<b>Name:</b>		<b>Relationship to child:</b>	
<b>Signature:</b>		<b>Cell / Home phone #:</b>	
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Signature:</b>		<b>Cell / Home phone #:</b>	

<b>Centre Liaison:</b>		<b>Signature:</b>	
<b>PACE Child &amp; Family Worker:</b>		<b>Signature:</b>	