

The PACE Program – Outreach Support Services
CONSENT TO DISCUSS CHILD

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

- 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- **I / We understand that this consent expires on the date noted above and that my/our consent can be withdrawn at any time.** NOTE: Maximum time for consent is 6 months; consent also expires when type of PACE Service changes or ends.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*

Name:		Relationship to child:	
Signature:		Cell / Home phone #:	
Name:		Relationship to child:	
Signature:		Cell / Home phone #:	

Centre Liaison:		Signature:	
PACE Child & Family Worker:		Signature:	