



Outreach Support Services CONSENT TO DISCUSS CHILD

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

- I / We, consent to the PACE Child & Family Worker observing 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: Communication may be in the form of verbal, written, and email.
- Any written notes on my/our child will be securely and confidentially filed. This will be the responsibility of *the 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- **I / We understand that this consent expires on the date noted above and that my/our consent can be withdrawn at any time.** NOTE: Maximum time for consent is 6 months; consent also expires when type of PACE Service changes or ends.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:		Signature:			
Relationship to child:		Cell / Home phone #:		Email:	
Name:		Signature:			
Relationship to child:		Cell / Home phone #:		Email:	

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