



Collection of personal information on this form is pursuant to the Freedom of Information and Protection of Privacy Act, under the authority of the Child, Family & Community Service Act (CFCSA) for the purpose of facilitating delivery of services under the Child, Family & Community Service Act. Collected Information will be used and disclosed in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please contact the Provincial Director of Child Welfare at (250) 356-0988, PO BOX 9767 STN PROV GOVT, Victoria BC, V8W 9S5.

As a parent/guardian of a child who is unable to give their own consent, you are consenting on your child's behalf to receive health care as defined in the Infants Act, at a facility within British Columbia. This consent is necessary before your child can be placed in the community care facility.

The form must be completed in the presence of a notary public or lawyer, and must be signed by both you and a notary public or a lawyer.

It is important that you understand what you are consenting to. If English is not your first language, this consent may be completed in your own language, however a certified English translation must accompany the original consent form.

Family's Information

Form with fields for: CONSENTING PARENT/GUARDIAN'S FULL LEGAL NAME (First, Middle and Last); CHILD'S FULL LEGAL NAME (First, Middle and Last); DATE OF BIRTH (YYYY-MMM-DD)

Confirmation and Consent

- 1. The type of health care (as defined in the Infants Act), along with the benefits and risks of this health care has been explained to me and I understand this.
2. I have explained to my child that she/he will be attending [Name of Facility] and will be receiving health care treatment at this facility. I have described the nature of the health care, along with the benefits and risks to my child.
3. I consent to my child receiving health care treatment at this facility.
4. I understand that I may withdraw my consent to my child's health care treatment at any time.
5. I understand that I have the right to withdraw my child from this facility at any time.
6. I understand and have explained to my child how to contact the Child's Helpline in BC by dialing: 310-1234 I confirm he/she understands that he/she can call this number at any time.

I consent to my child as indicated above, to be placed at [Name of Facility]

during the period of [Start date (YYYY-MMM-DD)] to [End date (YYYY-MMM-DD)]

Signatures

Form with fields for: CONSENTING PARENT/GUARDIAN NAME (please print), SIGNATURE, DATE (YYYY-MMM-DD); NOTARY PUBLIC/LAWYER'S NAME (please print), SIGNATURE, DATE (YYYY-MMM-DD)

Submission Information

Please return the signed original to the Community Care Facility.