BRITISH COLUMBIA | Ministry of Children and Family Development

Youth Consent to Attend a Community Care Facility within British Columbia

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 youth who is able to give your own consent, you may consent to receiving health care at a facility within British Columbia, if you meet the criteria in the *Infants Act* as set out below. A record of your consent is necessary before you can be placed in the community care facility.

The form must be completed in the presence of you and a notary public or lawyer. Each statement must be initialised by you confirming you agree with the statement. The form must be signed by both you and a notary public or a lawyer.

Youth's Information

FULL LEGAL NAME (First, Middle and Last)	DATE OF BIRTH (YYYY-MMM-DD)

Youth's Confirmation and Consent

I confirm 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:

1. I understand that I may withdraw my consent to health care at any time _____ YOUTH'S INITIALS
2. I consent to the health care treatment at this facility _____ YOUTH'S INITIALS
3. I understand that I have the right to leave the facility at any time _____ YOUTH'S INITIALS
4. I know how to contact the Child's Helpline in BC by dialing: **310-1234** and I understand that I can call this number at any time. _____ YOUTH'S INITIALS

I consent to be placed at _____ during the period of
Name of Community Care Facility

_____ to _____
Start date (YYYY-MMM-DD) End date (YYYY-MMM-DD)

Signatures

YOUTH'S 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.