Youth Consent to Education Services at 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 participating in a program at a Community Care Facility within British Columbia. 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

<table>
<thead>
<tr>
<th>FULL LEGAL NAME (First, Middle and Last)</th>
<th>DATE OF BIRTH (YYYY-MM-DD)</th>
</tr>
</thead>
</table>

Youth’s Confirmation and Consent

1. The type of program along with the benefits and risk of participating has been explained to me and I understand how this affects me.  
   YOUTH’S INITIALS

2. I consent to participating in this program.  
   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

Start date (YYYY-MM-DD) to End date (YYYY-MM-DD)

Signatures

<table>
<thead>
<tr>
<th>YOUTH’S NAME (please print)</th>
<th>SIGNATURE</th>
<th>DATE (YYYY-MM-DD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTARY PUBLIC/LAWYER’S NAME (please print)</td>
<td>SIGNATURE</td>
<td>DATE (YYYY-MM-DD)</td>
</tr>
</tbody>
</table>

Submission Information

Please return the signed original to the Community Care Facility.