



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 their placement at a Community Care Facility for Educational Services within British Columbia. This consent is necessary before your child can be placed in the 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. I have explained to my child that she/he will be attending \_\_\_\_\_ Name of Facility and will be \_\_\_\_\_ Describe the nature of the program (e.g. attending school)
2. I consent to my child attending \_\_\_\_\_ Name of Facility and participating in \_\_\_\_\_ Describe the nature of the program (e.g. attending school)
3. I understand that I may withdraw my consent to my child's placement at any time.
4. I understand that I have the right to withdraw my child from this facility at any time.
5. 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 \_\_\_\_\_ to \_\_\_\_\_ Start date (YYYY-MMM-DD) End date (YYYY-MMM-DD)

Signatures

Table with 3 columns: NAME (please print), SIGNATURE, DATE (YYYY-MMM-DD). Rows for CONSENTING PARENT/GUARDIAN and NOTARY PUBLIC/LAWYER.

Submission Information

Please return the signed original to the Community Care Facility.