

SCHOOL SOCIAL WORK/ FAMILY SCHOOL LIAISON PROGRAM

Consent to Receive Services

I, _____, hereby consent to
Name of Guardian

my child _____
Name of Child

myself _____
Name of Individual (s)

to receive services,

individual

group (*NOTE: I understand that my child will participate in this group with his or her peers who are also experiencing difficulties of a similar nature. Although the importance of confidentiality amongst participants will be expected, the nature of group work does not guarantee this.)

I am aware that there are certain limitations to confidentiality, and that they include:

- Supervision purposes;
- Reporting requirements under child protection legislation;
- Legal requirement to disclose
- Imminent danger to the child, the guardian(s), the family and/or anyone else;
- When the student's behavior (words or actions) engages the implementation of the Threat Assessment Protocol;
- The disclosure is in the best interest of the child

In addition, I also provide consent for the District Social Worker, School Social Worker or Family School Liaison Worker to consult with other professionals in the school district regarding myself, or my child situation on a need-to-know basis and only when in the best interest of myself, or my child. I understand that I may put limitations on this contact if I do so in writing and deliver it to the School Social Worker or Family School Liaison Worker.

Consent is valid from August 31 of one calendar year to August 30 of the next calendar year, unless revoked in writing by the undersigned.

Signature of Guardian

Date

*** The person(s) signing this form and consenting to this service must be the legal guardian of the child, as defined in the Family Law Act. In most cases, this will be the parent of the child, but the SSW/FSLW will take reasonable steps to determine who the guardian(s) of the child is/are.*