School Social Work/ Family Liaison Program



CONSENT TO RECEIVE SERVICES

From the School Social Worker (SSW) or the Family School Liaison Worker (FSLW)

Student Name		Date of Birth			
			DD	MM	YY
I, Name of Legal Guardian (or	student aged 16 and over), hereby c	onsent to			
•	dent legal name stated above))			
	nt legal name stated above)	,			
To receive services:	g				
_ , 1, , 1 , 1					
□ Individual					
□ Group	Note: I understand that my child (or myself if student age 16 and over) will participate with peers who may also be experiencing difficulties of a similar nature. Although the importance of confidentiality amongst participants will be expected, the nature of the group work does not guarantee this.				
□ Electronically	Note: This is only available in the event schools are closed due to an emergency or pandemic where remote service is required. This would consist of Google Meets; phone conversations and WCPS emails.				
I am aware that there a	are certain limitations to conf	fidentiality, and they i	nclude:		
Legal requiremImminent dangWhen the studentProtocol of Wo	irements under child protect	(s), the family and/or actions) engages the i	-		Threat Assessmer
regarding myself, my c	ovide consent for the SSW or hild/or families' situation on a amily. I understand that I may FSLW.	a need-to-know basis a	and only w	hen in the bes	st interest of mysel
Consent is valid from writing by the undersi	August 31 st of one calendar y gned.	year to August 30 th of	the next	calendar year	, unless revoked i
Legal Guardian's Sigi	nature	Date			
_			DD	MM	YY
*The person signing this form a	and consenting to this service must be the	e legal guardian of the child, as	defined in the	Family Law Act. In	n 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.