



Consent to Receive Services through Wild Rose School Division Family Wellness Program

I, _____ **, hereby consent to
parent(s)/guardian
my child _____ (grade _____) & myself _____
(Name of child) parent(s)/guardian

to receive services from the Family Wellness Worker (FWW), as offered through the **Wild Rose School Division**.

- I am aware that there are certain limitations to confidentiality, and that they include:
- Disclosure to prevent harm to self or others;
- Suspicion of child abuse and/or neglect;
- Federal Provincial Law (FOIP or subpoena);
- Disclosure of a violent crime and/or the intent to commit a violent crime; the disclosure is in the best interest of the child.

In addition, I also provide consent for the Family Wellness Worker to consult with other professionals in the school district regarding myself, my child and/or my families' situation on a need-to-know basis and only when in the best interest of myself, my child and/or my family. I understand that I may put limitations on this contact and will do so in writing and deliver it to the Family Wellness Worker. (Consent is valid from August to August, unless revoked in writing by the undersigned.)

parent(s)/guardian

Date

parent(s)/guardian

Date

** The person 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 FWW will take reasonable steps to determine who the guardian(s) of the child is/are.