



<b>Consent to Share with:</b>	<b>✓ Purpose: Referral to Service(s)</b>	<b>✓ Purpose: On-going communication</b>	<b>Initial to Approve consent as checked</b>	<b>Initial if consent is Declined</b>
Affiliated Services for Children and Youth				
BHNCDSB - specify school:				
Brant County Health Unit				
Brant Family and Children's Services				
Community Care Access Centre HNHB				
Conseil scolaire catholique MonAvenir - specify school:				
Contact Brant				
CPRI (Child & Parent Resource Institute)				
De Dwa Da Dehs Nye>s (Aboriginal Health Centre)				
Developmental Services Ontario HNR				
Family Counselling Centre of Brant				
GEDSB - specify school:				
Lansdowne Children's Centre				
McMaster Children's Hospital				
Physician (Family/Specialist): Dr.				
Six Nations of the Grand River specify agency:				
Six Nations/New Credit Schools - specify school:				
St. Leonard's Community Services				
Woodview Mental Health and Autism Services				
<b>Report</b>	<b>Source of Report and Date</b>			<b>Initial Consent to Share Report</b>
<input type="checkbox"/> Intake Report				
<input type="checkbox"/> Coordinated Service Plan				
<input type="checkbox"/>				

List any specific instructions by Consenter:

Print Name of Consenter:	Relationship:	Print Name of Consenter:	Relationship:
<input type="checkbox"/> Verbal Consent OR <input type="checkbox"/> Written Consent – Signature:		<input type="checkbox"/> Verbal Consent OR <input type="checkbox"/> Written Consent – Signature:	
Date:		Date:	