



# Family School Wellness Program 2019-2020 Adult Consent Form



*Authorization is given as a signed statement of informed consent to provide Family School Wellness Program supports and services to you.*

**Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I consent to receive the following support services *(Please check appropriate boxes)*:

☐ Individual support.

☐ Group work (\*NOTE: I understand that I will participate in this group with my 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 as offered through the Chinook's Edge School Division Family School Wellness Program.)

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 myself and/or anyone else;
- When my behaviour, words or actions engages the implementation of the Violent Threat Risk Assessment Protocol of Chinook's Edge School Division;
- The disclosure is in my best interest

In addition, I / We also provide consent for the Family School Wellness Worker (FSWW) 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 in writing and deliver it to the Family School Wellness Worker.

Consent is valid from the date of signing to August 31 of the \_\_\_\_\_ school year unless revoked in writing by the undersigned.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\*\* The Provincial Freedom of Information and Privacy Act protects how your personal information is collected, used and disclosed. Information acquired through this form is kept secure and access is restricted. Questions regarding collection of this information should be addressed to: Marcie Perdue, Associate Superintendent of Student Services for CESD or Amber Stonebridge, Clinical Team Leader at 4904 – 50 Street, Innisfail, Alberta, T4G 1W4, or by calling (403) 227-7070.

*Connecting with students and families in compassionate relationships that promote resilience, wellness and growth.*

**CHINOOK'S EDGE SCHOOL DIVISION NO.73**