



Children's Developmental and Behavioural Supports: Consent for Referral and Disclose Information Form

I, (Parent/Guardian 1) _____ and I, (Parent/Guardian 2, if applicable) _____ consent to the release, receipt, and sharing of information for the purpose of referral, intake and service planning in respect of (Child's Name) _____ **between** an authorized representative of the Region of Durham, Children's Developmental and Behavioural Supports and authorized representatives of your child's childcare centre _____.

By signing this document, I/we hereby consent to the agency disclosing information in its possession to an authorized representative of the Region of Durham, Children's Development and Behavioural Supports (CDBS) for the purposes set out above.

I/we consent to Children's Developmental and Behavioural Supports (CDBS) communicating electronically and/or via email with the selected people/agency above about my child for the purpose of service referral and planning. Yes No

My/our preference for receiving information is through (select all that apply):

- Email attachment Secure digital file share link via email (One Drive)
 Paper/Mail

I/we the parents/caregivers of the above-mentioned child confirm the following custody arrangement is in place: Married Separated Joint Sole Other:

I/we attest that I/we are the child's legal guardian(s) or that I/we are the child's current caregiver(s) and there is no legal documentation of guardianship and no known opposition of service.

Upon receiving the referral for service a representative from CDBS will contact you to share guidelines of service and to complete consent for service.

I/we fully understand the nature and purpose of this consent and have given our consent and authorization voluntarily.

Continued on next page for signatures.

Please check this box if you are filing your response electronically. This represents your signature and has the same force and effect as signed ink. You must add the date below.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 (if applicable) Signature

Date

Notice with Respect to the Collection of Personal Information

This information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act, 1990; Child, Youth, and Family Services Act, 2017; and/or Child Care and Early Years Act, 2014 for the purposes of administering Region of Durham, Special Needs Resourcing Programs.

Privacy

More detailed information concerning how and why the Region collects, uses, and discloses personal information is available through Durham Region's Access and Privacy Office at privacy@durham.ca or by reviewing Durham Region's Privacy Statement, which may be updated without notice, at <https://www.durham.ca/en/regional-government/terms-of-use-and-privacy-statement.aspx>

If this information is required in an accessible format, please contact 1-800-387-0642 ext. 2829.