



SASKATOON HEALTH REGION
BEHAVIOURAL CONSULTATION SERVICES (BCS)

GENERAL CONSULTATION CONSENT

In order to provide general consultation services, it is necessary for BCS to consult verbally with child care providers. Information will be shared only on a "need to know" basis.

I, _____, hereby authorize the Behavioural Consultant
(parent/guardian)

of Children's Mental Health Services, to observe my child, _____.
(child's name)

This general consultation will include discussion with child care staff.

Additional terms and conditions (if any):

This consent remains in effect until one year from date of signature.

Signature of Parent/Guardian

Date

Witness

Date