

Pathways to Healing Partnership
Comox Valley Child Development Association
Consent Form - fax to (250) 871-4660



The personal information requested on this form is collected under the authority of the Pathways to Healing Partnership Program and will be used for the purposes of providing service to the child and family, as well as the collection of anonymous data for the Child Trauma Academy.

Section 1: Person Giving Consent

Name: _____

Phone Number: _____ **Email:** _____

Address: _____

Infant's Name (if applicable): _____

Date of Birth: _____

Section 2: Office Contact Information

Organization Name: Pathways to Healing Partnership

Address: 211D-750 Comox Road, Courtenay B.C. **Telephone Number:** (250) 871-4644

Fax Number: (250) 871-4660

Section 3: Information to be Disclosed

I, _____ give my consent for the Pathways to Healing Partnership team to:

use the information collected to complete relevant assessment tools (e.g. Brain Map, Ages and Stages)

share information (including electronically) with community partners that are involved with the child/family.

contact me directly by phone or email to arrange an intake meeting.

Please list all community partners: _____

Signature of Person Giving Consent: _____ **Date:** _____

"The capacity to love cannot be built in isolation"- Bruce Perry

Pathways to Healing Partnership

Comox Valley Child Development Association

Consent Form - fax to (250) 871-4660



Referral Source:

Parent(s) Name(s): _____

Preferred form of contact for the parents (ie: email, phone, text), and is it ok to leave a message?

Due Date: _____

Other Children: Y / N

If so, what are the ages of the other children?

Describe current challenges for the family/dyad:

Known prenatal history: (e.g. Substance Misuse, Domestic Violence, Poverty, Homelessness, Stress)

If the infant is born please complete the following section:

Infant's Name:

Infant's Date of Birth:

Legal Guardian(s):

Current Caregiver(s) Names:

Preferred form of contact for the current caregiver (ie: email, phone, text), and is it ok to leave a message?

Known newborn history: (e.g. Feeding Challenges, Caregiver Stress, Domestic Violence, Substance Misuse, Medical Trauma, Suspected Abuse and/or Neglect):

Known birth history: (e.g. C-section, Premature, Complicated Birth, Positive Toxicology):

"The capacity to love cannot be built in isolation"- Bruce Perry