Consent for Release of Information EASTERN DOOR CENTRE



342 Big Cove Road, Elsipogtog, NB E4W 2S3 Ph: (506):523-4608 Fax: 506-523-8234

In order to provide support services to your child, the Eastern Door Centre requires historical and current information. The information will be used to assist in understanding your child's strength and needs so that we can make recommendations to help him/her develop and learn to his / her's potential. Our program is: The Assessment/Diagnostic Team of the Eastern Door.

CONSENT FOR THE COLLECTION CONFIDENTIAL INFORMATION

	·		(parent or gu	uard	ian) hereby grant	permission	to the
I	L, Eastern Door Cen	tre to collect/rec	eive/infort	nation abou	it the	e following people	<u> </u>	•
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	o Child's B				0	Health and Hospi	ital Records	, S
	o Child's M	edical / Health I	Records			Addiction record		•
	o School Re				0	Justice records		
÷	o Child & F	amily Services r	ecords		0	Other:		
	O Mental He	alth Records	4	/D1 41 3.6	.N			
_	permission to the	Fastern Door Ce	ntre to coll	, (Birth Moi	ther	's Full Name) her	eby grant	
	o Mother's I	renatal / Postna	tal Records	achtecetae t	шо	mation about the	rollowing j	people:
	o Mental He		·	•			•	
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-	o Parent/Gua	rdian				Extended Family:		
	o. Physicians		•			School		
	o Justice	į		٠ , ر	o ,	Alcohol & Drug	• '	
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