

Health Screening is a process used to identify children who may need further assessment and/or interventions. The attached information sheet describes the Health Screening that will be offered within your child's program. Health Screening will not occur without your consent. You must sign this form for your child to have the screening.

**Demographics**

Child's Legal Name (Last, First)	Date of Birth (yyyy-mon-dd)
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Personal Health Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Program/Site/School	Teacher/Class	Grade
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**Type of Screening**

I give consent for my child to having the health screening I have put my initials beside. **Initials**  
 My child will only receive the services that I have initialed.  
 If you do not wish any screening services, write *refused* across this area and return to the school.

Occupational Therapy

Speech Language Pathology

Physiotherapy

**Declaration of Consent**

By signing this consent, I am giving consent for my child to have Health Screening done. I confirm that:

- I have read the attached information sheet regarding the nature, risks, and benefits associated with the health screening.
- I am aware that I must contact the Alberta Health Services (AHS) staff listed on the information sheet if I have any questions about health screening or if I have any concerns about my child receiving the health screening service.
- I am satisfied with and understand the information I have been given in the information sheet and to any questions or concerns I have discussed with AHS staff listed on the information sheet.
- I understand that I may, at any time, withdraw this consent to the service(s) initiated above by calling the AHS staff listed on the information sheet.
- I confirm that I have legal authority to provide consent.

Name of Person(s) Giving Consent ( <i>print</i> )	Relationship to Child
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Parent (*with authority to provide consent*)     Guardian

Other (*specify*) \_\_\_\_\_

Daytime Phone Number	Alternate Phone Number
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Signature or Person(s) Giving Consent	Date (yyyy-Mon-dd)
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Alberta Health Services collects health information in accordance with Section 20 of the *Health Information Act* (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask your health care provider or contact the Chief Privacy Officer at 1-877-476-9874