



**YUKON
FIRST NATION
EDUCATION
DIRECTORATE**

Suite 300 – 204 Black Street
Whitehorse, Yukon Y1A 2M9

T: 867.667.6962
F: 867.668.6189

E: mtu@yfned.ca
1-888-YFN-KIDS

CONSENT FORM – Mobile Therapeutic Unit (MTU)

I, _____ (parent/guardian's name) agree to allow my child _____
to receive the following service(s) from the YFNED Mobile Therapeutic Unit (MTU):

- Occupational Therapy Speech Language Pathology Counselling Behaviour
 Psychology Vision Psychomotor Therapy

I understand that services will be provided either at my child's school, community and/or at home. By signing this form, you are providing consent and agreement of:

- An initial observation of your child's skills and their abilities. MTU staff will always consult with you first once the referral is received and ask you how you would like to go forward with additional services.
- MTU staff will always work together with you and your family to best support your goals/priorities for your child and family.
- Information such as goals/plans, assessment results and summary reports will always be shared with you. The MTU staff member may also share your child's information with other professionals working with your child with informed consent, otherwise confidentiality will be respected.
- There are a few legally mandated exceptions to confidentiality, as we are legally required to report to relevant agencies if:
 - a student is in immediate danger to self or others (e.g., in the case of suicide or violent assault);
 - notification of Child Protective Services in cases of suspected child abuse, neglect, or maltreatment; and
 - in legal cases, clinicians or clinical records may be subpoenaed by the court.
- The MTU may correspond via email, face to face, text, videoconferencing and/or telephone to communicate with your child's teacher and/or other people involved with your child's learning, including other allied health professionals.

The MTU may take photos and videos of my child performing therapy activities to record their progress. Yes No

*Please Note: If you do not wish your child to be photographed or videotaped, please advise of this immediately and before programming begins.

Internal referrals between MTU staff may occur after case management discussion with the parent(s). If an additional service provider is added, parent(s) will be notified.

I understand and provide the MTU professional(s) with my consent regarding all of the above.

Signature: _____ Date: _____



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CONSENT FORM FOR RELEASE OF PERSONAL INFORMATION

I am the parent/guardian of: _____

I authorize the following organization(s):

- Government of Yukon, specifically,
 - Department of Education
 - Health and Social Services
 - Other (please specify): _____
- First Nation (please specify): _____
- Other:
 - Boreal Clinic
 - Joy Vall, Occupational Therapy
 - Klondyke Medical Clinic
 - Other (please specify): _____
 - Child Development Center
 - Council of Yukon First Nations
 - Daycare _____

to release all written and electronic information, records and documents relating to my child's personal information to the Yukon First Nation Education Directorate and, where appropriate, communicate about my child with the Yukon First Nation Education Directorate (the "**Shared Information**").

I understand that I can withdraw or revoke my consent under this Form, at any time, by providing written notice to the Yukon First Nation Education Directorate and, where possible, the Yukon First Nation Education Directorate will return the Shared Information and delete any electronic copies.

The Yukon First Nation Education Directorate will not share, circulate or forward any Shared Information to any other person or entity without your written permission.

Parent/Guardian Name: _____

Contact Information: _____

Relationship to the Child: _____

Parent/Guardian Signature: _____

Date: _____