

Parental Consent Form

Purpose

This form outlines our agreement for family support services. We want to ensure you understand how we work together and how we handle your family's information.

Consent to Provide Services

I, _____ (parent/guardian name), give consent for family support services to be provided to:

Child's Name: _____ Date of Birth: _____ Child's Name: _____
Date of Birth: _____ Child's Name: _____
Date of Birth: _____

Information Collection and Privacy

I understand that:

- Information will be collected about my family to provide appropriate support
- This information will be kept secure and confidential
- Information will only be shared with other professionals when necessary for support
- I can access my family's information upon request

Limits of Confidentiality

I understand that information will remain confidential except when:

- There is risk of serious harm to my child or another person
- A court orders the release of information
- I give permission to share specific information
- It is legally required to report a crime or abuse

Service Expectations

I agree to:

- Attend scheduled appointments or give 48 hours notice for cancellations
- Participate actively in supporting my children
- Provide relevant information about my family's needs
- Behave respectfully towards staff

- Attend appointments free from the influence of alcohol or drugs
- Not bring weapons or illegal items to appointments

Consent for Communication

I agree to be contacted by:

- Phone: ☐ Yes ☐ No
- SMS: ☐ Yes ☐ No
- Email: ☐ Yes ☐ No

Best contact number: _____ Safe to leave message? ☐ Yes ☐ No

Permission to Share Information

I give permission for information to be shared with (tick all that apply): ☐ School ☐
 Doctor/GP ☐ Child Protection ☐ Other services (please specify): _____

Understanding

I understand that:

- I can withdraw this consent at any time
- This consent is valid for 12 months from signing
- I can ask questions about services at any time
- I have received a copy of this form

Parent/Guardian Signature: _____ Date: _____

Worker Name: _____ Worker Signature: _____ Date: _____

Office Use Only

☐ Copy provided to parent/guardian ☐ Original filed ☐ Consent recorded in system

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