



44 Main St. E.
Milton, ON L9T 1N3
905-875-3345

FULL-DAY LITERACY REGISTRATION FORM

Client Information

Child's name: _____ Address: _____
Child's date of birth: (M/D/Y) _____ Gender: _____
School Board: _____ School Name: _____
Current Grade: _____ Grade Average: _____ Are you a current client of HearSay? YES ☐ NO ☐ PAST CLIENT ☐

Parent/Guardian 1: Main Contact ☐ (please check)

First name _____
Surname _____
Address: _____
Home phone # _____
Work phone # _____
Cell phone # _____
Email Address: _____
Occupation _____

Parent/Guardian 2: Main Contact ☐ (please check)

First name _____
Surname _____
Address: _____
Home phone # _____
Work phone # _____
Cell phone # _____
Email Address: _____
Occupation: _____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____
Phone Number: _____

Allergies

Does your child have any allergies? If so, please list details:

Does your child carry an EpiPen? YES ☐ NO ☐

Does your child carry an inhaler? YES ☐ NO ☐

Diagnosis (if any)

Has your child received any diagnosis? If so, please list details:



44 Main St. E., Milton, ON L9T 1N3
Tel: 905-875-3345 Fax: 905-875-0343

CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A CLINICAL RECORD

I hereby give permission to: _____
(Name of School Board)

to release the following information: _____

to the: HearSay Speech and Hearing Centre

in respect of: _____
(Name of Client) (Date of Birth)

(Address of Client)

☐ I also give permission to allow two-way communication between the above-mentioned parties.

This consent will remain valid for one year and allows both written and verbal communication. Should I no longer wish to have this information shared with the person/agency stated above, I will contact the *HearSay Speech and Hearing Centre* in writing stating my wish to void this consent.

(Signature of Witness)

(Date)

(Signature of Parent/Legal Guardian/Client)

(Print Name of Person Signing)

(Relationship to Client)

Note: Authorization must be signed by the client or, if under 16, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is physically or mentally disabled to such a degree as to be incapable of giving consent, the next-of-kin may authorize release of information.

CONSENT FOR SEPARATED PARENTS OR GUARDIANS (If applicable)

HearSay understands that there is a wide range of decision-making arrangements for children and we will respect that. Where there is shared parenting time between the parents or guardians, HearSay considers it important to support the parenting relationship with the child and each parent. HearSay needs to understand if decision making for your child is through a shared decision-making process (also called custody) to both parents, or if decision-making ability has been given to a single parent before service can proceed.

Even when decision-making is given to a sole parent, a written agreement may state that the other parent still needs to be Involved in service and/or Informed of the child's progress in service.

Some of families have *no written agreement*, while others have a *written agreement* that has been created with a lawyer, a mediator, or through a legal court process. These agreements often help us to answer the question regarding who can give consent for your child to receive service.

Consent for Service - What this Means for You:

1. We have *No agreement* for the decision making of our child(ren).
Both parents are required to sign this letter before we provide service for your child.
2. We have a *Shared Decision-Making Agreement through a Joint Custody Agreement, a Separation Agreement or in an Interim agreement from a family court.*
Both parents are required to sign this letter before we provide service for your child
3. I have ***Sole Decision-Making Ability*** through a Court Order or a Separation Agreement that allows me to provide consent for my child(ren) to receive services.
*Please confirm that you can provide consent for your child(ren) to receive services by signing below. **Please Note:** Even when decision-making is given to a single parent, the written agreement may still state that the other parent needs to:*
***Give Permission:** The other parent's permission may still be required specifically for your child to receive services.*
***Be Involved:** Your agreement may still require/encourage the involvement of the other parent in service with your child.*
***Be Informed:** The other parent may not need to consent or be involved, but you may still be required to inform them of the outcomes of service.*
4. **I have sole decision-making ability AND I choose to involve the other parent/guardian.**

Signature of Understanding

Parent/Guardian #1

If you believe that you have the permission to consent to your child's service, please indicate which option above applies to you and sign your name below.

<i>Print your Name</i>	<i>Signature of Parent/Guardian</i>	<i>Option</i>
<i>Email</i>	<i>Phone Number</i>	<i>Date</i>

Parent/Guardian #2

If the consent of the other parent is required, please have them indicate their consent for us to provide service by signing below, or by returning a copy of this letter.

<i>Print your Name</i>	<i>Signature of Parent/Guardian</i>	<i>Date</i>
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LIMITS OF CONFIDENTIALITY

Please be aware that the information that you share in your session(s) are kept in your child's file (also called a Health Information Record). HearSay works hard to keep the information in your child's file confidential. However, there have been cases where HearSay has been court ordered to share information about your child's service and we have had to do so.

PARENT/GUARDIAN SIGNATURE/S

DATE



**Pre-authorized Credit Card Payment for
Speech, Language & Literacy Group Sessions at HearSay Speech & Hearing Centre**

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Credit Card Information Credit Card Type :

☐ Visa _____

☐ Master Card _____

Expiry Date : Month _____ Year _____ Security Code _____

I hereby authorize HearSay Speech and Hearing Centre to debit my credit card for services.

Card Holder Signature: _____

Date: _____