



1. Consent

Verbal

Written

To connect with a service provider to assist my/our child _____, *Child's name*

_____, I/we authorize sharing verbal and/or written referral information between *Child's DOB (yyyy/mm/dd)*

_____ and the organization(s) identified below. *Organization completing referral form*

For verbal consent provide name(s) only. For written consent provide name(s), signature(s) and witness

Name 1 _____ Signature 1 _____

Name 2 _____ Signature 2 _____

Witness _____ Signature _____

2. Organization to be contacted

- Regional Municipality of Durham
 - Children's Services Division
 - Durham Behaviour Management Services
 - Health Department
 - Healthy Babies Healthy Children
 - Infant and Child Development Services
- YWCA Durham
 - Community Enrichment Services
- Grandview Children's Centre
- Resources for Exceptional Children and Youth – Durham Region

Other (specify) _____

3. Completed by

Name _____ Organization _____

Phone Number _____ Date (yyyy/mm/dd) _____