

## DIFFICULTY CONTACTING LEGAL GUARDIAN FOR CONSENT FORM FOR COMMUNITY PARTNERS

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567 Glenridge Avenue, St. Catharines, ON L2T 4C2

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The child's current caregiver has unsuccessfully attempted to contact the child's parent(s)/legal guardians to obtain consent for referral and participate in services. The child's current caregiver is eligible and willing to assume the responsibility of making decisions in the best interest of the child with regards to their services at Niagara Children's Centre.

In the event that the current guardian does not want to contact the legal guardian but the legal guardian can be contacted to provide consent, the Community Partner must contact the legal guardian to obtain consent and determine whether an Authorization Form should be completed or whether the legal guardian wishes to participate in services at Niagara Children's Centre.

Legal Guardians who can be contacted for the purpose of providing or declining consent (and have the capability to do so) must always provide consent for referral, assessment, and treatment.

The following individuals may consent on the child's behalf (in this order):

1. Guardian of the Person.
2. Attorney for personal care.
3. Representative appointed by the Consent and Capacity Board
4. Spouse or Partner.
5. A child's parent, Children Aid's Society, or other person who is lawfully entitled to give or refuse consent in the place of the parent. If the Children's Aid Society or other person is lawfully entitled to give or refuse consent in the place of the parent, this paragraph does not include the parent.
6. A parent with only a right of access.
7. A brother or sister over the age of 16.
8. Any other relative.
9. Public Guardian and Trustee (if no other person meets the requirements).

*\*Niagara Children's Centre will use discretion when determining who can provide consent. An individual who is not listed here (i.e. family friend) may be allowed to provide consent if it is deemed to be in the best interest of the client.*

A person described above may only give or refuse consent if they are:

- capable
- at least 16 years of age
- not prohibited by a court order or separation agreement from having access to the child
- available
- willing to assume the responsibility of giving or refusing consent



# DIFFICULTY CONTACTING LEGAL GUARDIAN FORM FOR REFERRALS: FOR COMMUNITY PARTNERS

## Child's Information

Client Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

## Parent(s)/Legal Guardian Information

Parent/Legal Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ PO box/RR: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Cellphone(for text reminders): \_\_\_\_-\_\_\_\_-\_\_\_\_

## Current Guardian Information

Current Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ PO box/RR: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Cellphone(for text reminders): \_\_\_\_-\_\_\_\_-\_\_\_\_

## To be completed by/at explicit direction of current guardian

When was the last time you were in contact with the parent(s)/legal guardian? \_\_\_\_\_

What attempts have you made to get in contact with the parent(s)/legal guardian?

\_\_\_\_\_

How did the child come into your care?

\_\_\_\_\_

How long have you been caring for the child? \_\_\_\_\_

Other Information:

\_\_\_\_\_



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### Consent/Attestations:

Community Partner confirms following statement:

- I have reviewed his form with the parent with the current guardian named above and completed this form as per their explicit direction.
  
- Current Guardian has confirmed that they have attempted to contact the child's parent(s) and/or other individuals who may consent. Current guardian believes that no one ranking higher than them, or the same rank as them, claims authority and is willing and available to consent on behalf of the client. As a result, they are willing to assume the responsibility of making decisions in the best interest of the client with regards to their services at Niagara Children's Centre.
  
- I have reviewed and discussed the contents of this SmartStart Hub at Niagara Children's Centre/ Niagara Children's Centre Consent to Information Sharing form with the current guardian and the current guardian has provided their verbal consent for the following purposes:
  - The collection, use and disclosure (sharing) of the child's personal health information for the purposes listed in the Consent Form.
  - Service referral(s) to Niagara Children's Centre as indicated on Referral Form.
  - Adding this personal health information to the Ministry of Children, Community, and Social Services database (if applicable) and Niagara Children's Centre electronic health record
  - Sharing information between the Niagara Children's Centre and staff at the agency facilitating this referral who are involved in the child's services
  - Current Guardian understands that they may withdraw my consent or limit their consent to the sharing of personal health information as set out in their instructions below. They may also withdraw their consent by notifying Niagara Children's Centre in writing. They understand that withdrawal of consent will only apply going forward and not to information that has already been shared. Consent limitation instructions:  
\_\_\_\_\_  
\_\_\_\_\_

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Community Partner Name: \_\_\_\_\_

Community Partner Physical or Electronic Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

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