

GENERAL CONSENT TO PARTICIPATE IN FAMILY GROUP CONFERRING/FAMILY GROUP GROUP DECISION MAKING

I _____ the parent of _____ agree that the process Family Group Conferencing/Family Group Decision Making has been explained to me. I hereby give consent to:

- a. Participate in the Family Group Conferencing/Family Group Decision Making process
- b. For the coordinator to contact members of my family network and the Office of the Children’s Lawyer to share with them information identified by service providers about myself and my child(ren) and to invite interested parties to attend the Family Group Conferencing/Family Group Decision Making

Further, I understand that the Family Group Conferencing/Family Group Decision Making process is dependent on the sharing of information amongst members of the family network and that this is one of the strengths of the program.

This consent shall remain in effect from _____ to _____ or until after the final Review Family Group Conferencing/Family Group Decision Making conference has been held.

My signature means that:

- 1. I have read this consent or have had this consent read to me. I understand and agree to its contents.
- 2. I have been informed that only information about myself and my child(ren) that is necessary for the Family Group Conferencing/Family Group Decision Making meeting to be successful will be shared.
- 3. I have been informed that I may cancel this consent by giving a written statement to the coordinator or my worker at any time.

Signed _____ on _____
(Parent/Guardian/Child 12 & over) (Date)

Signed _____ on _____
(Parent/Guardian/Child 12 & over) (Date)

Witnessed by _____ on _____
(Coordinator) (Date)

GENERAL CONSENT TO PARTICIPATE IN FAMILY GROUP CONFERENCE/FAMILY GROUP DECISION MAKING

I _____ the parent of _____ agree that the process Family Group Conferencing/Family Group Decision Making has been explained to me. I hereby give consent to:

- c. Participate in the Family Group Conferencing/Family Group Decision Making process
- d. For the coordinator to contact members of my family network and the Office of the Children’s Lawyer to share with them information identified by service providers about myself and my child(ren) and to invite interested parties to attend the Family Group Conferencing/Family Group Decision Making

Further, I understand that the Family Group Conferencing/Family Group Decision Making process is dependent on the sharing of information amongst members of the family network and that this is one of the strengths of the program.

This consent shall remain in effect from _____ to _____ or until after the final Review Family Group Conferencing/Family Group Decision Making conference has been held.

My signature means that:

- 4. I have read this consent or have had this consent read to me. I understand and agree to its contents.
- 5. I have been informed that only information about myself and my child(ren) that is necessary for the Family Group Conferencing/Family Group Decision Making meeting to be successful will be shared.
- 6. I have been informed that I may cancel this consent by giving a written statement to the coordinator or my worker at any time.

Signed _____ on _____
(Parent/Guardian/Child 12 & over) (Date)

Signed _____ on _____
(Parent/Guardian/Child 12 & over) (Date)

Witnessed by _____ on _____
(Coordinator) (Date)