



for Jordan's Principle

CONSENT FORM FOR AUTHORIZED REPRESENTATION



This form is used to give permission for a person or organization to make a request and/or access an ongoing request under Jordan's Principle.

- This form is required only for requests made by a person or an organization on behalf of a parent, a guardian, or a child at the Age of Consent*.
- One Consent Form is required for every child named in an individual or group request when the requester is not the parent, a guardian, or a child at the Age of Consent*.

* A Child at the Age of Consent can make decisions on their own about the care they need. Age of Consent varies by province or territory.

A CHILD'S INFORMATION		
1. First Name	2. Middle Name	3. Last Name
4. Province / Territory		5. Date of Birth (YYYY-MM-DD)

B PARENT / GUARDIAN			<input type="checkbox"/> If you are the Child at the Age of Consent, then skip to Section C
1. First Name	2. Last Name	3. Telephone	4. Email

C AUTHORIZED REPRESENTATIVE ACKNOWLEDGEMENT		
- To be filled-out by the Authorized Representative -		
1. First Name Raylene	2. Last Name McCreath	3. Organization / Title (if applicable) BC Aboriginal Network on Disability Society (BCANDS)
4. Telephone 250-381-7303	5. Fax 250-381-7312	6. Email jordansprinciple@bcands.bc.ca

I, **Raylene McCreath**, acknowledge that:

- I am authorized by the parent or guardian of the child named in Section A;
- or
- I am authorized by the child at Age of Consent named in Section A

Printed name of Authorized Representative
Raylene McCreath

Signature

Date (YYYY-MM-DD)



Child's First Name	Child's Last Name	Date of Birth (YYYY-MM-DD)
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PRIVACY NOTICE STATEMENT

The collection, use and disclosure of personal information by Jordan's Principle is authorized under the [Department of Indigenous Services Act](#). The collection, use and disclosure of personal information is in accordance with the [Privacy Act](#). Personal information collected will be used exclusively to authorize a third party to act on behalf of the parent, guardian, or child at the age of consent in order to facilitate the processing of the child's file. Information may also be used to contact individuals for a follow-up survey. Personal information will be retained pursuant to the *Privacy Act* and its Regulations. If you do not provide your personal information, it may result in the department's inability to process the file. The personal information collected is described in the Class of Records for Jordan's Principle (*JSC FNIHB 030*) and is available online at www.infosource.gc.ca. Individuals have the right to the protection of, access to, and request the correction of their personal information under the *Privacy Act*.

If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at aadnc.upvp-ppu.aandc@canada.ca. For more information on privacy issues, your right to file a complaint and the Privacy Act in general, you can consult the Privacy Commissioner of Canada at 1-800-282-1376.

D CONSENT

I, _____, acknowledge that I am a (choose one):

- Parent of the child named in Section A; or
- A guardian for the child named in Section A. For this option, please provide documentation* to confirm you are an authorized guardian; or
- Child at the Age of Consent

**Documentation to confirm you are an authorized guardian may include: proof of formal or customary adoption; proof of kinship/care arrangements; a signed and witnessed letter from the child's parent; Court Order; Last Will and Testimony; Power of Attorney; a signed and witnessed letter from a health, social or educational professional; or confirmation from a Band or Nation.*

By signing this form, I authorize **Raylene McCreath** (print name of representative you are authorizing)

the following access to my child's/my file (check one):

- FULL ACCESS
- LIMITED ACCESS - Authorized representative can (check all that you allow):

<input type="checkbox"/> submit a request	<input type="checkbox"/> make decisions about the request
<input type="checkbox"/> access the personal information in the file	<input type="checkbox"/> receive status updates
<input type="checkbox"/> make changes to the information in the file	<input type="checkbox"/> receive final decision
<input type="checkbox"/> provide additional information for the file	<input type="checkbox"/> communicate on my behalf with ISC
<input type="checkbox"/> answer questions about the request	

Printed name of parent / Guardian / Child at the Age of Consent

Signature

Date (YYYY-MM-DD)