
British Columbia Autism Assessment Network (BCAAN) Consent to Release Information to the Ministry for Children and Family Development

On behalf of my child, _____,
I provide my consent to release funding application information required by the Ministry of
Children and Family Development.

I understand I may revoke my consent at any time by contacting my child's case manager.

Name of Parent/Guardian: _____	
_____	_____
Signature	Date
Witnessed By: _____	
_____	_____
Signature	Date

Alternatively consent may be obtained verbally:

Name of Person who obtained consent: _____	
_____	_____
Signature	Date
Witnessed By: _____	
_____	_____
Signature	Date

Notes: _____

