



Parent/Guardian Consent Form

Your permission is requested for your child, _____ to participate in the Alberta Anxiety to Calm workshop.
<Insert child's name here>

Workshops are based on a trusting relationship between facilitator and participants. The facilitators will keep information shared in the workshop confidential except in certain situations in which an ethical responsibility limits confidentiality.

Which would be in the following circumstances:

1. The child reveals information about hurting himself/herself or another person.
2. When required for the protection of children in the case of abuse or neglect.
3. Subpoena documents are required for a court of law.

There is specific information in the participant manual your child will take home that might be helpful for you to review with them. There is specific information for you in the appendix on ways you can help to support your child.

By signing this form, I give my informed consent for my child to participate in this workshop. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/ Guardian printed name: _____

Parent/Guardian signature: _____ Date: _____

This consent will be on file throughout the time that your child attends the Alberta Anxiety to Calm workshop. You may revoke this consent at any time.

Feel free to contact the Red Deer Primary Care Network 403.343.9100 if you have any concerns or questions.

This consent will need to be printed, signed and scan to email back to admin@rdpcn.com.