



Newfoundland and Labrador
Provincial
Perinatal Program

Newfoundland and Labrador Provincial Perinatal Program

CONSENT FORM

RELEASE OF INFORMATION _____

REQUEST FOR INFORMATION _____

Child's Name: _____

D.O.B.: _____

Address: _____

Parents'/Guardians' Names: _____

I give permission to the NL Provincial Perinatal Program, Janeway Child Health and Rehabilitation Centre to release/request the clinic reports, letters, referrals, or clinical information on my child _____ to/from other health care providers or (specify) _____.

This information is released/requested for:

_____ Communication

_____ Information

_____ Follow-up

and it is to be used only for the purpose stated above. I am aware of the contents/purpose of this form and I am aware that I can refuse or withdraw my consent.

Signature of Parent/Guardian _____

Witness: _____

Date: _____