



**Council for Aboriginal Alcohol Program Services
Aboriginal Corporation**

Consent to Care - (Unaccompanied Minor)

Client Information		
Family Name	Given Name	
Date of Birth __/__/____	Gender (circle) Male Female	
Guardian Information		
Is the client under a current care order with the Minister? No Yes		
Guardian name	Relationship to child	Contact details W: H: M:

Please read the following important points:

- If another agency is requesting information regarding the client which does not relate to their current participation in the CAAPS program, staff will request permission from you in writing before providing any information (this excludes statutory information sharing e.g. DCF, Mandatory Reporting).
- Staff supervision is always provided for underage clients during outings and appointments.

Consent		
Permission is given for the client to attend therapeutic program activities on and away from the CAAPS facility	YES	NO
Permission is given for staff to CAAPS staff to make appropriate referrals on behalf of the client to other services that will enhance the clients participation in CAAPS program.	YES	NO
Permission is given for my child to attend appointments or activities with other service providers as part of their participation in CAAPS programs	YES	NO
Permission is given for staff to contact other agencies and request information concerning my child	YES	NO
Permission is given for staff to transport clients in CAAPS vehicles	YES	NO
Permission for given for staff to provide daily care and direction to the client as part of the residential program	YES	NO

Name: _____ **Signature:** _____ **Date:** __/__/__