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## VANCOUVER ISLAND CHILDREN'S ASSESSMENT NETWORK (VICAN) GENERAL CONSENT FOR ASSESSMENT SERVICES

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
born on \_\_\_\_\_, give permission to have him/her receive a  
multidisciplinary assessment using historical documents, formal, and informal test  
instruments. The final report may reflect pertinent information obtained from testing,  
interviews, and reviews of other reports or documents.

I understand my child's diagnosis may be a reportable condition and information will be  
shared through the Provincial Health Services Authority to British Columbia Vital Statistics.

I have exercised due diligence and have discussed this consent for assessment with the  
joint guardian (in the case of shared guardianship).

Please select if you would allow the Nanaimo Child Development Centre contact you  
electronically:

- via email \_\_\_\_\_  
 via text messaging \_\_\_\_\_

This consent shall expire \_\_\_\_\_, or one year from signing.

\* \_\_\_\_\_  
Parent/Guardian Signature

\* \_\_\_\_\_  
Parent/Guardian Signature

\* \_\_\_\_\_  
Date

\* \_\_\_\_\_  
Witness

\* \_\_\_\_\_  
Date



