



TEDDY BEAR FAIRS



FAMILIAL CONSENT FORM

(Consent Option 2)

**This consent form is to be used in situations where family members serve as the formal caregiver for a child but may not have legal guardianship. This consent should not be used for other parties outside a cultural, caregiving, family role.*

As the caregiver, I do hereby consent and agree that my child they can participate in the Teddy Bear Fair, a Health Fair held at _____ (community) on _____ (date). This event is sponsored by the community, First Nations & Inuit Health Branch, and Alberta Health Services. I understand there will be several health booths with information and health professionals my child and family can visit (this may include dental, nutrition, psychology, speech & language, occupational therapy, physician for example). I understand that when my child is seen by a health professional, it will only be for screening and no invasive procedures will be completed (example no immunization, dental procedures, etc.). Upon screening my child, a health professional may discuss some ideas for further services, and I may also be asked to sign consent for these services.

- There will be no cost to these services.
- Information will be shared between health professionals and the community to support my child.
- A health professional or member of the community health team may discuss helping to support a Jordan’s Principle application for funding services.
- Consent is not mandatory, and I may withdrawal consent at any time. Referrals will be collected and shared with the community health center to ensure services are followed-up with.

Additionally, I agree that the community health center, other organizers of the event, or funders of the Teddy Bear Fair are permitted to take photographs and/or videos of my child at the Teddy Bear Fair to be used for future advertisement.

Lastly, I understand that I am committing to connecting with the legal guardian to share the permission I have provided for the child to participate in the Teddy Bear Fair.

Caregiver Initials:	
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Caregiver Name:	
Caregiver Signature:	
Caregiver Phone:	
Caregiver Email:	
Child Name:	
Date:	