



PCN WELLNESS CENTRE
 4000, 1800 - 194 Avenue S.E.
 Calgary, AB T2X 0R3
 Phone: 403.668.8600 Fax: 403.668.8610

Under 18 Consent

Child Name: _____ Date of Birth: _____
 (dd/mm/yy)

Health Care #: _____

Our goal is for you and your family to have the same information and ability to consent to services we would want for our families and ourselves.

Prior to seeing any child (ages 0-17) we will call the parent(s) or guardian(s) to review consent and set the guidelines for care, which may include education, counselling and follow-up.

It is the responsibility of the parent(s)/guardian(s) to obtain consent for care.

If only one parent/guardian will be attending the first appointment with the child, please ensure the other parent/guardian signs the consent form in advance. This must be given to the provider at the first appointment.

Parent # 1	
This is to verify that I, _____ am the legal guardian of the above named <small>(Name of Legal Guardian)</small>	
minor child. And, I hereby consent that the above named child may receive care from South Calgary Primary Care Network. I understand that I may cancel or revoke this consent at any time.	
_____ Signature of Legal Guardian	_____ Witness
_____ Today's Date	
Parent # 2	
This is to verify that I, _____ am the legal guardian of the above named <small>(Name of Legal Guardian)</small>	
minor child. And, I hereby consent that the above named child may receive care from South Calgary Primary Care Network. I understand that I may cancel or revoke this consent at any time.	
_____ Signature of Legal Guardian	_____ Witness
_____ Today's Date	

If you are unable to obtain consent from the other parent/guardian, write an explanation below:

Attending Guardian: _____ Today's Date: _____