

**Langara Child Development Centre**

Dear Parent or Guardian:

It is the policy of this centre to use the services offered by the Vancouver Health Department concerning health related matters. The Community Health Nurse and other health department staff visit the centre and we would like to obtain your consent for your child/ren to be involved in these drop in visits. If it appears advisable for your child/ren to receive specific treatment or testing – this will be discussed with you and your permission requested.

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I give my consent for my child/ren to be involved in drop in visits by the Vancouver Health Department staff.

DATE: \_\_\_\_\_  
                    YEAR/MONTH/DAY

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
CHILD/REN

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR/LICENSEE

