



South Okanagan and Similkameen Early Childhood Services
 Phone: 250-492-0295 Fax: 250-492-2164 Email: maryland.fiume@osns.org
 Mail: #103-550 Carmi Avenue, Penticton, BC V2A 3G6

Referral Form

| | | | | |
|---|------------------------------------|--|--------------------------|---------------------------|
| Date of referral: | Referral source: Contact #: | Is this an urgent referral <i>(for medical professional use only)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Child's full name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth date (YYYY/MM/DD): | |
| Parent/foster parent/guardian names and contact information. Please include first and last names and put an "*" beside best method for contact (e.g. phone, cell phone, email) | | | | |
| Names: | Relationship to child: | Phone: (H=home; C=cell) | Email: | Legal guardian: Yes or No |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Child's street address (including city): | | Child's mailing address, if different than street (including postal code): | | |
| Primary language(s): | Cultural Background (optional) | Translator required: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please explain reason for referral (attach any relevant reports): | | | | |
| Family physician/pediatrician: | | Other service providers: | | |
| Social worker's name (if involved with MCFD): | | Phone #: | | |

I, _____, legal guardian of the above-named child, consent to this referral and authorize the South Okanagan/Similkameen Early Childhood Services Group (comprised of the Infant Development Programs, Child and Youth Development Centre, Supported Child Development Program and Interior Health's Speech-Language Department) to share information, collaborate and participate as members to screen and initiate an action plan for my child.

Signature of parent/guardian: _____ Date: _____

Please note: Signing this consent is voluntary and you may withdraw your consent at any time. This consent will be in effect for one year from the date of your signature.