



**Canadian Mental  
Health Association**  
Vancouver-Fraser  
*Mental health for all*

**Association canadienne  
pour la santé mentale**  
Vancouver-Fraser  
*La santé mentale pour tous*

**UROK**

**Pandemonium**

Referral & Registration

Team Leader: Arietha Jack @ 604-872-4914

**Participant's Information**

Child's Name: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_

Cultural Background/Language(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Currently lives with: \_\_\_\_\_

Year/Month/day

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

BC Care Card #: \_\_\_\_\_

**Primary Caregiver Information**

Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #  Home OR  Cell \_\_\_\_\_  Prefer Texts  Prefer Calls

Caregiver Email: \_\_\_\_\_  Email me resources

Relationship to child: \_\_\_\_\_



Mental Health Team/Referring Source: \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Please describe all allergies, medications, and any other relevant medical information: \_\_\_\_\_

\_\_\_\_\_

What are your child's interests and hobbies?

\_\_\_\_\_

\_\_\_\_\_

We get emails with resources for workshops and events that pertain to child & youth mental health or for parenting support etc. Would you like us to forward you such emails? If yes, anything specific?

\_\_\_\_\_

Do all parents and caregivers know that the child or youth is participating in this program?

Yes  No

If no, please explain: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Alternative Phone#: \_\_\_\_\_

The afterschool Youth with anxiety group "Pandemonium" run by the Canadian Mental Health Association Vancouver-Burnaby Branch (CMHA) is a no-cost recreation program for youth. A maximum of 12 youth will go on each monthly outing to various local sites and activities. The activities will be supervised by two qualified and trained CMHA recreation staff. Snacks/ meals



are provided for the youth. The recreation staff will pick up or arrange for pick up at agreed location decided between the youth, CMHA staff and parent/legal guardian of and return the youth to the same address or agreed location between the youth, CMHA staff and parent/legal guardian at the end of the activity in the CMHA van on the day of the outing.

There may be situations or cases where we would like to share information or contact people who support your child and family outside of our programs. The information that we would share would be about attendance, experience in the group for your child, verbal updates, and progress in the group. If there is anything else specifically that you would like us to share with the professional listed below we will contact you with a separate consent form. The people we may have contact with this information sharing could be teachers, counselors, support workers or referring sources. This is to provide the most consistent care and support for your child and family. Please let us know which professionals are involved with your child and family that you would like us to contact.

<u>Name of Professional</u>	<u>Role</u>	<u>Phone/Email</u>
_____		
_____		

Is it ok if we share information with the professionals above?

Yes                       No (Refusal to consent does not mean refusal of service).

We will review this information sharing list with you each year to make changes as needed.

If you would like to change this list, remove anyone or no longer give consent, please contact us at 604-872-4914.

**Consent**

I have read the above description of the CMHA afterschool youth with anxiety recreation group called "Pandemonium" and understand and accept that there are inherent risks associated with



the activities. In the event that my child becomes seriously ill or is injured while with CMHA and I cannot be reached, I consent to have CMHA staff seek any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with all CMHA programs, it is agreed that CMHA and its staff and volunteers are released from all liability for injury to my child or for loss or damage to personal property.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Year/month/day

**Parent/ Primary Caregiver** \_\_\_\_\_  
Please print name

**Signature of Parent/ Primary Caregiver**  
\_\_\_\_\_

**Witness: Please print name** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax all of the forms to 604-872-5934 attention Arietha Jack or email  
Arietha.jack@cmha.bc.ca**

