



Consent form for participation in the
HORS-PISTE - Expedition Program
and for information exchange

Students age 14 and over

School: _____ Date: _____

Child's Identification:

Family name: _____ Given name: _____

Date of birth: ____/____/____
Day Month Year

In partnership with the Centre RBC d'expertise universitaire en santé mentale and the CISSS de la Montérégie-Centre, your school is offering the HORS-PISTE - Expedition Program this year to help students develop the skills they need to better cope with situations that make them anxious. This program is offered to students who have difficulty coping with stressful or anxiety-provoking situations. It includes eight (8) group meetings for students and three (3) group meetings for their parents. These meetings will be led by school counsellors and/or counsellors from your local CISSS or CIUSSS.

I agree to participate in the eight (8) group meetings of the HORS-PISTE - Expedition Program.

Student's signature: _____ Date: _____

I also agree that information about my personal and family situation, as well as my participation in the group, may be exchanged between staff members of the following establishments, in order to meet my needs in the best possible way:

- checkbox Your school checkbox Your local CI(U)SSS

Student's signature: _____ Date: _____

Signature(s) of counsellor(s): _____ Date: _____

