



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

Parent(s)

School: _____ Date: _____

Identification of parent(s):

(1) Family name: _____ Given name: _____

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

(2) 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 child's 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 three (3) parent group meetings in the HORS-PISTE - Expedition Program.

Signature of parent (1): _____ Date: _____

Signature of parent (2): _____ 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 and those of my child in the best possible way:

[] Your child's school

[] Your local CI(U)SSS

Signature of parent (1): _____ Date: _____

Signature of parent (2): _____ Date: _____

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