



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

Students under 14 years of age (parental consent)

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 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 that my child may participate in the eight (8) student group meetings in the HORS-PISTE - Expedition Program.

Parent family, given names: _____

Parent signature: _____ Date: _____

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

- checkbox Your child's school checkbox Your local CI(U)SSS

Parent signature: _____ Date: _____

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

