



# Consent/Authorization For Assessment

633 Wellington Crescent  
Winnipeg, MB R3M 0A8, Canada  
Telephone: (204) 235-8866 Fax: (204) 235-8870

I, \_\_\_\_\_, legal guardian, hereby, give the Clinic for Alcohol & Drug Exposed  
(Please Print)

Children consent to assess, \_\_\_\_\_, date of birth \_\_\_\_\_  
(Please print first and last name) M/D/Y

**SIGNATURE:** \_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_  
(Print first and last name)

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_