

Grandview Children's Centre

600 Townline Road South, Oshawa, Ontario L1H 7K6
Tel. 905-728-1673 Fax. 905-728-2961



EXTERNAL SUPPORT WORKER RELEASE FORM

Client Name:	Client Birth Date:	Client #:
Parent Name:	Support Worker Name:	

I, _____, acknowledge that that above named support worker has been hired by me to provide support for my child while participating in a Grandview Children's Centre therapeutic recreation program.

Support arrangements are as follows:

Program Name: _____

Date(s)/Duration (dd/mmm/yyyy): _____ 20_____

The outside support worker:

- Is 16 years of age or older;
- Will provide Grandview Children's Centre with a criminal reference check that includes the vulnerable sector check 72 hours prior to the program start;
- Understands that he/she is employed by the parent/guardian stated above and not employed by Grandview Children's Centre;
- Will work co-operatively with Grandview Children's Centre staff to ensure that therapeutic recreation goals are achieved;
- Will abide by Grandview Children's Centre client supervision policies;
- Will sign a Grandview Children's Centre Confidentiality Agreement

I acknowledge that Grandview Children's Centre shall be released and saved harmless for any liability resulting from the above named worker's support.

I agree that the above named support worker may receive information about my child as needed during participation in the program outlined above.

Date

Parent/Guardian