



**CONSENT AND AUTHORIZATION TO RELEASE OF INFORMATION**

**TO SASKATCHEWAN FOSTER FAMILIES ASSOCIATION, INC.**

TO: HER MAJESTY THE QUEEN in right of the Province of Saskatchewan, as represented by the Minister of Social Services (the “Minister”)

I/We, \_\_\_\_\_, have entered into a written agreement with (Foster Parent(s)) the Ministry of Social Services pursuant to s. 54 of The Child and Family Services Act, S.S. 1989-90 c. C7.2 (the “Act”) to provide foster care services. I am requesting that the Saskatchewan Foster Families Association, Inc. (the “SFFA”) assist me in connection with any needed current or future foster home support.

I do hereby consent and authorize the Minister and his or her officers to release to the SFFA the following information in relation to any foster home support:

- a. My name;
- b. The fact that a concern or issue initiating support has been brought forward to the SFFA pertaining to the Ministry of Social Services.
- c. Any or all information pertaining to this concern or issue.

I hereby acknowledge as follows:

- a. I have been fully informed by the SFFA as to the purpose and effect of this consent;
- b. The SFFA has informed me that I may revoke this consent at any time;
- c. I have given this consent freely and involuntarily in accordance with s. 29(1) of The Freedom of Information and Protection of Privacy Act, S.S. 1990-91 c. F-22.01 and s. 18 of The Freedom of Information and Protection of Privacy Regulations.

This consent and authorization shall remain in full force and effect until revoked by me.

DATED at \_\_\_\_\_, Saskatchewan, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Foster Parent Name (Print)

\_\_\_\_\_  
Foster Parent Name (Print)

\_\_\_\_\_  
Foster Parent (Signature)

\_\_\_\_\_  
Foster Parent (Signature)

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Witness (Signature)