## **CONSENT AND AUTHORIZATION TO RELEASE OF INFORMATION**

## TO SASKATCHEWAN FOSTER FAMILIES ASSOCIATION, INC.

of Social Services (the "Minister")	of the Province of Saskatchewan, as represented by the Minister
I/We,	, have entered into a written agreement with
(Foster Parent(s))	
7.2 (the "Act") to provide foster care s	et to s. 54 of The Child and Family Services Act, S.S. 1989-90 c. Cervices. I am requesting that the Saskatchewan Foster Families in connection with any needed current or future foster home
I do hereby consent and authorize the following information in relation to an	Minister and his or her officers to release to the SFFA the y foster home support:
a. My name;	
b. The fact that a concern or issue initi the Ministry of Social Services.	ating support has been brought forward to the SFFA pertaining to
c. Any or all information pertaining to	this concern or issue.
I hereby acknowledge as follows:	
a. I have been fully informed by the SF	FA as to the purpose and effect of this consent;
b. The SFFA has informed me that I ma	y revoke this consent at any time;
-	involuntarily in accordance with s. 29(1) of The Freedom of Act, S.S. 1990-91 c. F-22.01 and s. 18 of The Freedom of Regulations.
This consent and authorization shall re	main in full force and effect until revoked by me.
DATED at	, Saskatchewan, this day of
Witness (Print) Foster Parent (Print)	
Witness (Signature) Foster Parent (Sign	nature)