

CHILDREN'S AID SOCIETY OF METROPOLITAN TORONTO

IN REFERENCE TO:

*Jennifer Chantel de Brouin*

FILMED

CONSENT TO ADMISSION

THE UNDERSIGNED HAVING CHARGE OF above named child/~~children~~ pursuant to Section 23(2) of the child welfare act, HEREBY CONSENTS to ~~his~~/~~her~~/~~their~~ admission to care of the CHILDRENS AID SOCIETY OF METROPOLITAN TORONTO or to ~~his~~/~~her~~/~~their~~ detention by the said SOCIETY in a place of safety. In so consenting I understand that ~~he~~/~~she~~/~~they~~ may/~~will~~ be brought before the Court as a child/~~children~~ apparently in need of protection.\*

MEDICAL CONSENT

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS The Childrens Aid Society of Metropolitan Toronto to do all such things as it may in its absolute discretion consider to be advisable or necessary in respect to the health or well being of the above named child/~~children~~, and in particular to procure admission to hospital; medical, surgical, and operative treatments; the administration of anaesthetics and immunization treatments and the making of tests.\*

AND THE UNDERSIGNED AGREES that neither the Children's Aid Society of Metropolitan Toronto nor anyone acting on its instructions in doing all or any of the foregoing things shall incur any responsibility or liability.

NOTE: Medical Consent may only be signed by legal parents. Cross out this section if person CONSENTING to ADMISSION is NOT legal parent.

Dated this.....<sup>10<sup>th</sup></sup>.....day of.....*September*.....19...*68*..

*Marianne de Brouin*  
Signature

*Miller*  
Status

*110 John St. North, Mississauga, Ont.*  
Address

*423-3970*  
Phone Nr.

\*Strike out inappropriate words

*[Signature]*  
Witness