



The Children's Aid Society of Ottawa | La Société de l'aide à l'enfance d'Ottawa

CONSENT TO DISCLOSE INFORMATION

I, _____ give consent
to _____
to disclose information regarding _____

(Persons and any specific content)

contained in the file of _____

(SELF/CHILD)

to _____

I consent _____ don't consent _____ to further disclosure by the person named in line five
for the purpose of _____

This consent will be effective until _____, or when the file closes,
whichever comes first.

*(Unless otherwise indicated, date should be
24 months from when consent is received.)*

I have been informed and understand the nature of the consent, and the consequences
of giving, withholding, or revoking the consent, and of alternatives to it.

I have had reasonable opportunity to obtain independent advice.

Date (dd-mm-yyyy): _____ Signature: _____

Date (dd-mm-yyyy): _____ Signature: _____