

CONSENT TO REFER TO ADR

I _____ of _____
(Name of Parent/Guardian or Child over 12 Years) (Address)

consent to the disclosure of information to:

- Family Group Decision Making Coordinator
- The Mediation Centre
- Aboriginal Approaches Facilitator

of records kept by The Children's Aid Society of the County of Simcoe about

_____ for the purpose of ADR.
(Name of Adult/Child(ren))

This consent will remain in effect until ADR is completed.

My signature means that:

1. I have read this consent or have had this consent read to me. I understand and agree to its contents.
2. I understand that the information is specific to ADR and only to be used for this process.
3. I understand that information will be shared with participants in the particular ADR process.
4. I have been informed that I may cancel my consent by giving a written statement to the ADR facilitator or my worker at any time.
5. I have had the opportunity to seek legal advice if I wish prior to signing this Consent.

Signed _____ on _____ Witness _____
(Parent/Guardian) (Date)

Signed _____ on _____ Witness _____
(Child over 12 or OCL) (Date)

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- 186 Hurontario Street, Unit #105, **Collingwood**, Ontario L9Y 4T4 Telephone (705) 444-9160, Fax: (705) 445-9601
- 46 Wellington St., W. Unit 4, **Alliston**, Ontario L9R 2B8 Telephone (705) 435-4348 or (800) 661-5311, Fax: (705) 435-3547
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