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|  | Association of Iroquois And Allied Indians 387 Princess Ave.London, OntarioN6B 2A7P: 519-434-2761F: 519-675-1053www.aiai.on.ca |

# RELEASE OF HEALTH INFORMATION & CONSENT TO SHARE INFORMATION

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| Child’s Name:  | Date of Birth: [DOB] |
| Band Name: Address:  | Status #: Parent(s)/ Caregivers Name:  |
| I consent and authorize the Association of Iroquois and Allied Indians- Jordan’s Principle Engagement Coordinator to receive and release healthcare information for the patient named above to: |  Health CanadaFirst Nations and Inuit Health Branch Ontario Region Health Canada Sir Charles Tupper Building 2720 Riverside Drive, 4th Floor, Address Locator: 6604D Ottawa, Ontario K1A 0K9 |

This request and authorization applies to:





[List here]

|  |  |
| --- | --- |
|  | I authorize the release of my child(s) personal information for the propose of Jordan’s Principle data collecting and advocating on my child(s) behalf, to the person(s) listed above. I understand that the person(s) listed above will be notified on my child behalf of any results related to this case and will document the data for their records as needed. |
|  | I authorize the release of any records regarding Educational, Social, or Health treatment(s) to the person(s) listed above. |

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| Parent(s) Signature: |  | Date signed: 12/20/17 |