

ALTERNATIVE DISPUTE RESOLUTION PROGRAM

CONSENT TO DISCLOSE INFORMATION

I _____ give consent to

- The Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry
- Integra pour enfants and adultes de Prescott-Russell
- The Children's Aid Society of Ottawa
- Family and Children's Services of Renfrew

To release the information requested below to the Alternative Dispute Resolution Program

- My files' contents, extracts and summary
- Discussion of my past/present situation
- My child/children's files

For the purposes of

- Family Group Conference
- Child Protection Mediation
- Pathways for Child Protection (Ottawa)
- Aboriginal Approach

I have been informed and I understand the nature of this consent.

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

I also understand that I can revoke this consent at any time, by giving you a written notice.

Date: _____

Signature _____

Date: _____

Witness _____

Unless otherwise indicated, this consent is valid for one year from the date of my signing.