

CONSENT FOR CHILDREN TO BE TREATED AT CHEO*

Patient: _____

HCP: _____ DOB: _____

1. Please record the name of the adult person accompanying this child to Ottawa:

Escort: _____

Relationship to child: _____

Address and contact number: _____

2. Is this Escort person the Legal Decision-Maker** for this child: YES _____ NO _____

3. If no, please indicate the name and contact number for the Legal Decision-Maker for this child:

Name: _____

Address and Contact Number: _____

4. Please advise the Legal Decision-Maker of the following:

(a) This child is being transferred to Ottawa for medical examination and/or treatment at the Children's Hospital of Eastern Ontario (CHEO) under the laws of Ontario. A consent form will be required at CHEO.

(b) The Legal Decision-Maker for the child must give their consent to allow transport of the child in the accompaniment of this Escort person.

(c) The Legal Decision-Maker must be available to provide consent to treatment to CHEO when the child arrives in Ottawa. Telephone consent to the physician at CHEO is valid consent.

6. Name of Health Professional filling out this form:

Signature: _____

Date: _____

* This form must be filled out by a Health Professional in Nunavut and its contents discussed with the Legal Decision Maker for the child (and the escort person, if different person). A copy of the form must accompany the child to CHEO.

** "Legal Decision-Maker" is the natural parent, parent by adoption or legal guardian of the child under the laws of Nunavut.