



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

CONSENT TO DISCLOSE INFORMATION

I, Darryl Ross give consent

to Lynda Dr. Willow (of the RCH)
to disclose information regarding my attendance at appointments and
recommendations made (PARTICULAR CONTENT)

contained in the file of my file
(SELF/CHILD)

to Lyndee Reece

I consent ☒ don't consent ☐ to further disclosure by the person named in line five
for the purpose of assessing progress

This consent will be effective until Feb 1 2016

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: Jan 11 2018

Signature: [Signature]

Date: _____

Signature: _____