Ontario Ministry of Health

Application for Emergency Admission to Secure Treatment Program

To: Person in Charge of Secure Treatment Program

Child

Last Name	First Name	Middle Initial

Birth date (yyyy/mm/dd)

Lawyer

Last Name			First Name	Middle Initial
Unit No.	Street No.	Street Name		PO Box

City/Town	Province	Postal Code	Telephone No. (incl. area code)

Applicant (Individual/Organization)

Last Name	First Name	Middle Initial

Organization Name (If applicable)

Address for service

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Lawyer

Last Name			First Name	Middle Initial
Unit No.	Street No.	Street Name		PO Box

City/Town	Province	Postal Code	Telephone No. (incl. area code)

To be completed if child is less than 16 years of age

I am

- ☐ the child's parent
- ☐ a person who is caring for the child with the parent's consent
- ☐ a child protection worker who has brought to a place of safety the child under Part V of the Act
- ☐ a duly authorized officer of the Children's Aid Society that has custody of the child under an order made under Part V of the Act.

To be completed if child is 16 years of age or more and less than 18 years of age

I am

- ☐ the child
- ☐ the child's parent
- ☐ a duly authorized officer of the Children's Aid Society that has custody of the child under an order made under Part V of the Act
- ☐ a physician.

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To be completed in all cases

I apply to you to admit the child named above on an emergency basis under subsection 171(1) of the Act to the secure treatment program at

Name and address of program

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

The grounds for this application are as follows. (State briefly main facts relied on with specific reference to the criteria for emergency admission in subsections 171 (2) or (3) of the Act. Use additional pages as required.)

Date (yyyy/mm/dd)	Place	Signature of applicant

Consent of child

(to be completed if the criterion set out in 171 (2) (b) of the Act is not met)

I have had legal advice and I consent to my emergency admission to the secure treatment program named above.

Date (yyyy/mm/dd)	Place	Signature of Child

Consent of

☐ parent

☐ duly authorized officer of the Children's Aid Society having lawful custody of the child

(to be completed if the child is less than 16 years of age and the criterion set out in clause 171 (2) (b) of the Act is not met)

I consent to the child's emergency admission to the secure treatment program named above.

Date (yyyy/mm/dd)	Place	Signature of parent

The Children's Aid Society named below has lawful custody of the child and consents to the child's emergency admission to the secure treatment program named above.

Date (yyyy/mm/dd)	Place	Signature of officer

Name of Children's Aid Society

Information on this form is collected under the legal authority of the *Child, Youth and Family Services Act, 2017* for the purpose of administering Ministry of Health programs and/or services. For more information contact: Director, Mental Health and Addiction Programs Branch, 56 Wellesley St W., 9th Floor, Toronto ON, M5S 2S3 or call 416-327-7272.