Ontario Ministry of Health

Emergency Admission to Secure Treatment Program

Name of person in charge of secure treatment program

I,

Last Name	First Name	Middle Initial

am the person in charge of the secure treatment program at

Name and address of program

Name of program

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Having read the application of

Name of applicant

Last Name	First Name	Middle Initial

I believe on reasonable grounds that

- ☐ the criteria for emergency admission under subsection 171 (2) (other than clause (b)) have been met
- ☐ the consents required by subsection 171 (3) have been given

Optional: If child is less than 12 years of age, please insert any additional information below (under Additional Notes) that you think are necessary for the Ministry to consider, including but not limited to a description of the:

- Presenting problem(s) leading to the need for Secure Treatment admission (if Danger to Self/Others)
- Age of child and family circumstances relevant to this request
- Facts that support the child's appropriateness for Secure Treatment
- Treatment alternatives that have been considered, and have been exhausted

Complete if child is less than 12 years of age

☐ The Minister, or an authorized representative of the Minister responsible for the child and youth secure treatment program in Ontario, has consented to the child's admission in accordance with section 171(4) of the Act (see below for this consent).

Complete if applicant is a physician

☐ I am satisfied that the applicant believes the criteria set out in subsection 171 (2) are met.

I therefore admit the child on an emergency basis to secure treatment program named above.

			Day		Month	Year
Dated at		this		day of		

Person in charge of program

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Consent of Minister or an authorized representative of the Minister responsible for the child and youth secure treatment program in Ontario

(to be completed if the child is less than 12 years of age (See subsection 171 (4) of the Act))

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

Date (yyyy/mm/dd)	Place	Signature of Minister or Delegate

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.

Optional: Additional Notes