Ontario Ministry of Health

Review of Emergency Admission to Secure Treatment Program

Order

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)

On the application of

Last Name	First Name	Middle Initial

in the presence of (name of parties and lawyers at hearing)

on reading the (list documents filed on application)

and on receiving evidence and hearing submissions on behalf of (name(s))

concerning the child's emergency admission to the secure treatment program at

Name and address of program

Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

 © Queen's Printer for Ontario, 2021

the Child and Family Services Review Board finds that (State whether criteria for emergency admission have been met, specifying whether subsection 171 (2) or (3) applies and state whether all consents required have been met).

and therefore orders that

☐ the child named above be released from the secure treatment program

☐ the application for the child's release from the secure treatment program be denied.

Date (yyyy/mm/dd)	Place

Signature of Chair of Child and Family Services Review Board

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.