

Social Enterprise for Canada ("SEC") Supervised Access Program

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND/OR
INDIVIDUAL(S) FOR THE DROP OFF/PICK UP OF CHILD(REN)
AT THE SUPERVISED ACCESS CENTRE (Custodial Parent)**

Mandatory Parental Authorization to Emergency Medical Treatment

If at any time, due to circumstances such as accidents or sudden illness and medical treatment is necessary, this may be given by a licensed physician. I authorize the service staff to take whatever emergency measures they deem necessary for the protection of myself or my child(ren) while in their care. I understand that this may involve calling 911 and carrying out his/her instructions. Emergency transportation will be utilized. I understand that this may be done prior to contacting me and that any expenses incurred for such treatment, including ambulance fees, is my responsibility.

I, _____, the custodial parent of _____

_____ residing at _____

in the City of _____, hereby agree to the Mandatory Parental Authorization to Emergency Medical Treatment as outlined above and further, I authorize the following individual(s) to safely transport my child(ren) under the terms and conditions as outlined below to and from the Supervised Access Centre on my behalf when the supervised access services are utilized for a visit and/or an exchange at the Centre.

Authorization of Pick-up and Drop Off of Children

This authorization is being given by me should I be unable to drop/off or pick/up my child(ren) for a scheduled visit/exchange as previously arranged between myself and the Supervised Access Centre. Further, this individual(s) will be contacted by the staff of the Supervised Access Centre if I fail to arrive for the scheduled time of pick-up. If for any reason I am unable to pickup my children at the designated time, I acknowledge that I **must** contact the Centre immediately. This will allow the staff time to advise my children of my late arrival and/or who will be transporting the children on my behalf. I understand that failure to formally authorize individual(s) to transport my child(ren) will result in the Centre staff refusing to release the child(ren) to persons other than myself.

Such individual(s) name(s) must be registered with Supervised Access Centre as per the Custodial Parent Agreement for Service. I understand that failure to formally authorize individual(s) to transport my child(ren) will result in the Centre staff refusing to release the child(ren) to persons other than myself.

The following individuals are authorized by me to safely transport my child(ren) as named herein, to and from the Supervised Access Centre to my home. I have discussed with them and have received their consent to assist me with the transportation of my children to and from the Centre. They are aware of the implications of their involvement with the Supervised Access Program and they agree to adhere to the terms and conditions as stipulated by the Supervised Access Coordinator or designated staff. I further consent that Supervised Access Centre staff may share with these individuals relevant information pertaining to the visit/exchange.

Name: (Please print) _____ Gender: _____ Relationship: _____ Telephone# _____ Address: _____ (Street, Apt. no. City, Province, Postal Code)

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Name: (Please print) _____ Gender: _____ Relationship: _____ Telephone# _____ Address: _____ _____ (Street, Apt. no. City, Province, Postal Code)

I agree to immediately notify the Supervised Access Program Coordinator if there are any changes to the list of individual(s) authorized to transport my child(ren).

Disclaimer of Liability

I understand that the Supervised Access Program and its host Agency, Social Enterprise for Canada, cannot be held liable nor responsible in any way whatsoever for any event that may occur while my child(ren) are in transition of being transported to and from the Centre by the individual(s) I have chosen, authorized and delegated to transport the children on my behalf.

Signature: _____ Date: _____/_____/_____
Month Day Year

Witness: _____ Date: _____/_____/_____
Month Day Year