

Date:

To: Gentle Procedures Clinic  
4459A Kingston Road  
Scarborough, ON M1E 2N7  
Tel #: 647-568-1512

I, \_\_\_\_\_, hereby declare that I have sole custody  
(Name)

of my son, \_\_\_\_\_, \_\_\_\_\_,  
(Name of the Child) (Date of Birth)

and I am able to make all consent regarding his medical treatment without consulting the other parent.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_