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## Authorization to divulge information contained in files on mother and child

Surname and first name at birth (child's mother)		Status of the form
Name currently used (child's mother)		Siblings born outside Québec Child of ex-wife Other, Specify
Current address of child's mother		Verified by firm
Child's mother RAMQ N <sup>0</sup>		Date of Birth of child's mother  Y M D D
Surname and first name of child's father		d first name of mother naternal grandmother)  Admission Date of childbirth:
Surname and first name of child	C B S	Sex : Female or male (Year) (Month) (Day)
Child's RAMQ N <sup>0</sup>		Date of Birth of child  Y M D  I
the undersigned		Name and current address of child's mother
the capacity of		Beneficiary or authorized individual
hereby authorize the following establishr	ment	Name and address of the hospital where the delivery took place
forward to: <b>Mireille Jetté</b> , coordir 1200 McGill College A Telephone: (514) 873	venue, Montréal (	
ne following information concerning:	3	Complete summary of obstetrics file Results of anatomopathology exam of placenta Summary Sheet – Hospital (short term stay) Complete summary of powhern medical file including Summary sheet. Hospital
		<ul> <li>Complete summary of newborn medical file including Summary sheet – Hospi (short term stay) and Newborn nursery chart</li> <li>Results of umbilical cord blood sample</li> </ul>
garding the care and services received duthe beneficiary identified hereinabove.	ıring the period fro	m:as contained in the
his authorization shall be valid for a per	riod of ninety (90)	days from the date of signing.
Signature of beneficiary of authorized	individual	(Year) (Month) (Day)
Signature of witness (Santé Québec/firm	interviewer)	(Year) (Month) (Day)