



# NISHNAWBE-ASKI LEGAL SERVICE

## CLIENT CONSENT FORM

I, Amanda Jones give consent to Nishnawbe-Aski Legal Services Discharge Worker permission to make travel and accommodation arrangements for me. Please provide them with the following information:

Name: Amanda Jones

Date of Birth: 18 Aug 1987

Home Community: Geraldton

Release details eg. Bail with surety etc: bail-own recognizance.

Any conditions: reside at below address

Date of release: 14 April 2022

Address and phone number where he/she is going to: 219 Fourth Ave S.E. Geraldton, ON

Where he/she is being released from: TBCC 807-854-5514  
807-854-8426

### Health

Health information is requested as some transports have been more than 12 hours and the client may need to stop more often due to an illness.

COVID test: Date Taken: 8 Apr 22 Positive: \_\_\_\_\_ Negative:

Vaccination Status: 1<sup>st</sup> Dose \_\_\_\_\_ 2<sup>nd</sup> Dose  Booster \_\_\_\_\_

Proof of Vaccine: Yes  No \_\_\_\_\_

Mental Health Issues: (so Discharge Workers are aware prior to transporting) N/A

Health Issues: (diabetes, allergies, heart) N/A

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date