 **NISHNAWBE-ASKI LEGAL SERVICE**

**CLIENT CONSENT FORM**

I, ABRAHAM TRON 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 ABRAHAM TRON

Date of Birth: 15 NOV 1996

Home Community: LONG LAC ( NO ADDRESS YET)

Release details eg. Sent sats,: Bail

Any conditions: NO DETAILS YET

Date of release:10/17/2022

Address and phone number where he/she is going to: LONG LAC

Where he/she is being released from: THUNDER BAY JAIL

**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: \_\_\_\_\_\_\_\_\_Positive: \_\_\_\_\_\_\_\_\_\_ Negative: \_\_\_\_\_\_\_\_\_\_\_

Vaccination Status: 1st Dose \_\_\_\_\_\_ 2nd Dose \_\_\_\_\_\_ Booster \_\_\_\_\_\_

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

Mental Health Issues: (so Discharge Workers are aware prior to transporting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Issues: (diabetes, allergies, heart) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client Signature Date