

## Signature Page

Your name signed on the line below means you fully understand your rights, have reviewed this Handbook and had your questions answered.



Childs Signature: \_\_\_\_\_ P.S. Initial: \_\_\_\_\_ Date: \_\_\_\_\_

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## RIGHTS HANDBOOK

*Signature Page*

Confirmation  
of Receipt of Rights

This Book Belongs to: \_\_\_\_\_



72 Orchard Drive  
Belleville, Ontario, K8P 2K7  
613-968-8569 | Fax 613-967-3998

## Rights

I had the following rights explained to me:

- Healthy food and a safe home
- Go to school and enjoy making friends
- Clothes for every season
- Medical and Dental care
- Services for any special needs
- Fun activities in the community
- Attend church or cultural activities
- Participate in your Plan of Care
- Visit family (unless a judge orders)
- Speak privately with a lawyer, Ombudsman, Avocate, Member of Parliament
- Send and get mail privately unless it might be harmful to me
- Personal belongings and space
- Privacy
- Know what information we collect and keep in your file
- Visits with your Guardian

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