



CHILDREN'S AID SOCIETY OF METROPOLITAN TORONTO

33 Charles Street East, Toronto, Ontario M4Y 1R9 Tel: 924-4646
 843 Kennedy Road, Scarborough, Ontario M1K 2E3 Tel: 755-4111
 5414 Yonge Street, Willowdale, Ontario M2N 5R8 Tel: 221-1161
 1243 Islington Ave. N., 8th Floor, Toronto, Ontario M8X 1Y9 Tel: 239-6131

Please reply attention of: Mrs. [REDACTED]

June 29, 1976.

Huronian Regional Centre,
 P.O. Box 1000,
 Orillia, Ontario.

Attn: Medical Records Department.

TO WHOM IT MAY CONCERN:

As part of our mandate under the Child Welfare Act, we must receive annually:

- a) psychological reports
- b) medical reports
- c) dental reports
- d) progress and/or case conference notes
- e) school reports (if applicable)

We are having a difficult time acquiring this information through the social workers who have incredible job responsibilities. For that reason I am requesting copies of these reports directly from your department. If you would gather this information together and forward it to us via mail, we would be very pleased.

As these children are all crown wards, my signature is sufficient to authorize the release of the information. Enclosed is a copy of this letter for each child's file. (Following is a list of the child for whom we require the most recent of the above mentioned reports).

- a) s. 21(1) and s. 49(b)
- b)
- c)
- d)
- e)



(continued)

f)

s. 21(1) and s. 49(b)

9

g)

h)

i)

j)

k)

s. 21(1) and s. 49(b)

m) [redacted] birthdate [redacted]

Thank you very much for your co-operation. I do appreciate very much the work involved with this request.

Yours sincerely,

[redacted]
Supervisor,
Group Care Services.

[redacted]
Social Worker,
Group Care Services.

cc: Mrs. [redacted]
Huron Regional Centre.

Mrs. [redacted]
Huron Regional Centre.

Mrs. [redacted]
Huron Regional Centre.

Mr. [redacted]
Huron Regional Centre.

[redacted]