

Vancouver Coastal Health Authority  
**Consent for Jurisdiction  
for Treatment**  
(Non-Resident of Canada)

DATE	RESIDING SINCE
MR. MISS. MRS.	UNIT NUMBER
SURNAME	GIVEN NAME
EXPIRES	EMERGENCY CONTACT
SEX	AGE

**Physician Care  
Governing Law**

In the event of any concerns regarding my care, I hereby agree that the relationship and the resolution of any and all related disputes between myself and any physicians providing care in the institution shall be governed and construed in accordance with the laws of the Province of British Columbia, Canada.

**Jurisdiction**

I hereby acknowledge that the treatment will be performed in the Province of British Columbia and that the Courts of the Province of British Columbia will have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. I hereby agree that if I commence any such legal proceedings they will be only in the Province of British Columbia, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of British Columbia.

_____ Patient / Client / Resident's Signature	_____ Date
_____ Patient / Client / Resident's Printed Name	_____ Date
_____ Witness' Signature	_____ Date
_____ Witness' Printed Name	_____ Date
_____ Signature of Parent, Legal Guardian Or Legal Representative	_____ Date
_____ Parent, Legal Guardian or Legal Representative Printed Name	_____ Date

**VCHA Care  
Governing Law**

In the event of any concerns regarding my care, I hereby agree that the relationship and the resolution of any and all related disputes between myself and the Vancouver Coastal Health Authority, its directors, officers, agents and employees, shall be governed and construed in accordance with the laws of the Province of British Columbia, Canada.

**Jurisdiction**

I hereby acknowledge that the treatment will be performed in the Province of British Columbia and that the Courts of the Province of British Columbia will have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. I hereby agree that if I commence any such legal proceedings they will be only in the Province of British Columbia, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of British Columbia.

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