



1. Fill out the form by entering the necessary information in the appropriate spaces. ▶ 2. Send the completed document to the *Direction générale de l'IVAC*:
- | | | |
|--|--|----------------|
| Online | By mail | By fax |
| www.ivac.qc.ca | 1600, avenue d'Estimauville, CP 1400 Succ. Terminus
Québec (Québec) G1K 0K2 | 1 888 927-0003 |

IVAC file No.	Health insurance No.	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Victim or rescuer information		
Last name (as shown on birth certificate)		First name
Home address		
Number	Street	Apartment
P.O. Box	City/Municipality	
Province/State	Country	Postal code <input type="text"/>
Father's name		
Mother's name		

Complete an authorization form for each establishment or professional consulted.

Establishment (hospital, CSSS, private clinic, other) or professional consulted
Name
Enter the full address
Number Street Apartment
P.O. Box City/Municipality
Province/State Country Postal code <input type="text"/>
Documents required

AUTHORIZATION	The authorization must be signed by the victim or rescuer if they are 14 years of age or older, or by the guardian if they are under 14. I hereby authorize the holder(s) of the file designated on this form to send a copy of the above-mentioned documents to the Direction de l'IVAC.			
	<table border="1"> <tr> <td>Signature (Sign the print version by hand)</td> <td><input type="text"/></td> </tr> <tr> <td>▶</td> <td></td> </tr> </table>	Signature (Sign the print version by hand)	<input type="text"/>	▶
Signature (Sign the print version by hand)	<input type="text"/>			
▶				