



MENTAL HEALTH SERVICES
EMERGENCY SERVICES

POLICE RELEASING CUSTODY TO FACILITY

_____	_____
Date	Time of Arrival to E.R.

The Scarborough Hospital Mental Health Services, The Emergency Services and attending police officer of the Toronto Police Services, agree that the Scarborough Hospital will accept responsibility for:

_____	_____
Name of Patient	Date of Birth

into our facility on, _____ & _____ and thus relieve police officers:

mm/dd/yyyy

time

_____	_____
Police Officer Name & Badge #	Police Officer Name & Badge #

of the responsibility for the custody to the above-named patient.

_____	_____
*Signature of TSH staff (Crisis/RN/Physician) & Print Name	**Signature of Police Officer & Print Name

* Signature indicates that TSH agrees that the person is able to stay without a police officer.

**Signature indicates the Police Officer(s)' agreement that the person can stay under sole responsibility of TSH.

- IF TPS NOT RELEASED IMMEDIATELY INDICATE REASON:**
- Person potentially violent
 - Person to be arrested criminally if not admitted
 - MHA form security not available
 - Crisis not available
 - Other: _____

If TPS at hospital for longer than 30 minutes note reasons why: _____

Security Involved: Yes No Name of Security: _____
Time Security Arrived: _____

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