



## CITIZENS COMMISSION ON HUMAN RIGHTS CANADA

ESTABLISHED IN 1969 BY THE CHURCH OF SCIENTOLOGY TO INVESTIGATE AND EXPOSE PSYCHIATRIC VIOLATIONS OF HUMAN RIGHTS

### INFORMATION REGARDING CHILDREN PLACED ON PSYCHOTROPIC DRUGS.

Name (Please print) \_\_\_\_\_ Day phone: \_\_\_\_\_  
Evening phone \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

**Please fill out this form as thoroughly as possible. All information is kept strictly confidential, we will not take action without your consent.**

**Has your child or a child you know been labeled with a learning or behavioural disorder? If so please describe the circumstances and when this occurred:**

**What is your relationship to the child?**

**Was he or she prescribed medication(s), please list to the best of your knowledge?**

**What were the effects of the drugs?**

**What were the circumstances leading to the diagnosis?**

**Did the child undergo a physical medical exam prior to the psychiatric diagnosis?**



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**Were you told about the known side effects, benefits and dangers of taking the drug; undergoing an alternative treatment or declining treatment?**

**Who diagnosed your child (their name, position)**

**Who originally indicated there was a problem with the child?**

**Were you forced or pressured in any way to agree to this treatment, if so please explain:**

**Is there anything else you would like to add?**