

**The Anatomy Act – Province of Ontario**

**Part I – Donation of body to the Bioscience Program**

I, \_\_\_\_\_ (Print Full Name) having attained the age of 16 years, hereby consent in accordance with Section 4 of The Gift of Life Act, to the use of my body after death for medical education or for scientific research at the Bioscience Program at Humber College.

Dated at: \_\_\_\_\_ (location)      Date: \_\_\_\_\_ (day/month/year)

Next-of-Kin or executor/executrix

\_\_\_\_\_  
 \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Telephone Number)  
 \_\_\_\_\_ (Email Address)

Donor

\_\_\_\_\_  
 \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Telephone Number)  
 \_\_\_\_\_ (Email Address)

**Part II – Donation of body to the Bioscience Program by next-of-kin or a person lawfully in possession**

I, \_\_\_\_\_ (Print Full Name) being the next-of-kin or a person lawfully in possession of the body of \_\_\_\_\_ (Print Full Name) hereby consent in accordance with Section 5 of The Gift of Life Act, to the use of the said body after death for medical education or for the scientific research in the Bioscience Program at Humber College.

Dated at: \_\_\_\_\_ (location)      Date: \_\_\_\_\_ (day/month/year)

Next-of-kin or person lawfully in possession

\_\_\_\_\_  
 \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Telephone Number)  
 \_\_\_\_\_ (Email Address)  
 \_\_\_\_\_ (Relationship to Deceased)

Note: Part I – Should be completed by the person wishing to donate his/her body **when that decision is made**. Part II – Should be completed by the next-of-kin or person lawfully in possession of the body **only** where the deceased has not personally donated his body by completing the first part of the form. Complete either part I or part II of the form.

**PLEASE RETURN THIS FORM TO HUMBER COLLEGE**

**Humber Medical Information**

Name of donor: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical conditions at present:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

I authorize the Bioscience Program to call my physician if necessary.

\_\_\_\_\_ (Signature of Donor)

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**Humber Authorization Form**

To Whom It May Concern:

I, \_\_\_\_\_ being ESTATE TRUSTEE or Next of Kin or person  
lawfully in possession of the late \_\_\_\_\_ give my  
permission to donate her/his body to the Bioscience Program, Humber College.

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (Date)

PLEASE RETURN THIS FORM TO HUMBER COLLEGE