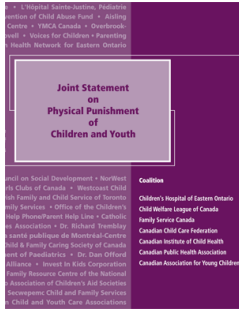


Joint Statement on Physical Punishment of Children and Youth



CONFIRMATION OF ENDORSEMENT *

Joint Statement on Physical Punishment of Children and Youth

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____ EMAIL: _____

* Endorsement of the *Joint Statement* signifies confidence in its review of research on physical punishment and conclusions drawn from the review, and support of its recommendations. There are no legal, financial or follow-up obligations associated with endorsement of the *Joint Statement*. Many organizations use it for their own educational and/or advocacy purposes.

YES, my organization endorses the *Joint Statement on Physical Punishment of Children and Youth*.

Name (*print*) Position

Signature Date

My organization is able to assist with the costs of printing and distributing and our cheque is in the mail.
(please consider a donation of \$50 to \$1,000) **YES** **NO**

Please fax the completed form to:
Partnerships and Advocacy, Children's Hospital of Eastern Ontario

Fax: 613-738-4866

Thank you