

Permission Form

Dear Parent/Legal Guardian,

Please fill out the form below to give your child permission to participate in the Doctor for a Day at DMNB Virtual Workshop organized by the Under One Sky Friendship Centre in partnership with Dalhousie Medicine New Brunswick (DMNB) and Dalhousie Global Health Office Indigenous Health in Medicine program.

The activity will take place under the supervision of Under One Sky Friendship Centre staff as well as Dalhousie University staff and medical students.

Event Name: Doctor for a Day at DMNB Virtual Workshop

Date and Time: Friday, 25 March 2022 from 9:00 AM to 12:30 PM

* = Required Field

Child's Name*

Grade

Gender

Female

Male

Transgender

Non-binary

I identify as...

Two-spirited

Gender fluid

Other:

Parent's Name*

Email*

Phone*

Mailing Address*

I would like to **(Select your preference): ***

Pick up my welcome package at the Under One Sky Friendship Centre (303 Union Street, Fredericton, NB)

Have my welcome package mailed to me at the address specified above

Indigenous Status **(Check all that apply)**

I identify as...

Status First Nation Non-Status First Nation

First Nations Communities from the Atlantic Provinces

Mi'kmaq - Individuals who are Mi'kmaq and were born and/or raised in Mi'kmaqi with a substantial connection to a Mi'kmaq community in Mi'kmaqi

Wolastoqiyik (Maliseet) - Individuals who are Maliseet and were born and/or raised in the Maliseet territory in New Brunswick with a substantial connection to a Maliseet community

Métis/ Innu/ Inuit from Atlantic Provinces

Students who identify as Métis, Innu, Inuit originating from the Atlantic Provinces.

Indigenous Students (First Nations, Inuit, Métis) born and raised outside of Atlantic Provinces

Non-Indigenous

Does your child have access to a WiFi connection and a phone/tablet/laptop with a webcam at home? *

Yes No

By registering for the Doctor for a Day at DMNB Virtual Workshop, I understand that photos/videos may be taken for promotional reasons (print, web, etc.). I hereby consent for my child to be included in all photos/videos from this event.*

Yes No

I hereby consent to the participation of my child in the Doctor for a Day at DMNB Virtual Workshop on 25 March 2022.*

Yes No

Parent/Legal Guardian Signature*
