



**DALHOUSIE  
UNIVERSITY**

FACULTY OF MEDICINE  
Dalhousie Medicine  
New Brunswick



## 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' workshop event organized by the Under One Sky Friendship Centre and Dalhousie Medicine New Brunswick, requiring transportation from Fredericton to Saint John and back.

The activity will take place under the supervision of Under One Sky Friendship Centre and Dalhousie Medicine New Brunswick staff.

**Event Name:** Doctor for a Day at DMNB

**Date and Time:** March 22 from 8:30 AM to 3:30 PM

\* = Required Field

Child's Name\*

Grade

Parent's Name\*

Email\*

Phone\*

Address






Emergency Contact  
Details\*

Name, Phone, Email



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**Special Information \***

Special medical conditions,  
sensitivities to medication,  
food allergies, etc.

By registering for the 'Doctor for a Day at DMNB' event, 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

In the event of an injury, accident, or serious illness, I authorize the event supervisors to take my child to a medical/dental clinic to be assessed. Every possible effort will be made to contact the parent/guardian listed as the Emergency Contact on this form.\*

Yes  No

I hereby consent to the participation of my child in the 'Doctor for a Day at DMNB' event at Dalhousie Medicine New Brunswick on 22 March 2019.\*

Yes  No

**Parent/Legal Guardian Signature\***

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