

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 five-part series of virtual March Break workshops organized by the Under One Sky Friendship Centre and Dalhousie Medicine New Brunswick (DMNB).

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

Event Name: Doctor for a Day at DMNB: Virtual March Break Workshops **Date and Time:** March 1-5 from 12:00 to 12:45 PM

* = Required Field

Child's Name*				
Grade				
Gender	Female	Male	Transgender	Non-binary
l identify as	Two-spirited	Gender fluid	Other:	
Parent's Name*				
Email*				
Phone*				
Mailing Address*				



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Indigenous Status (Check all that apply)			
l 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 a connection and a phor webcam at home? *			
Virtual March Break W that photos/videos ma reasons (print, web, et	Doctor for a Day at DMNB: /orkshops, I understand y be taken for promotional tc.). I hereby consent for d in all photos/videos from		
•	e participation of my child Yes No at DMNB: Virtual March March 1-5, 2021.*		
Parent/Legal Guardia	an Signature*		