

## PARENTAL CONSENT FORMS

### PART 3 – PARENTAL PARTICIPATION FORM

Both, Wakenagun and Pelican High Peak Youth Healing Lodges recognizes and acknowledges the importance of engaging co-operative and willing parent(s), guardian(s), and other family in the process of family counselling children in care. One element of this process includes visits by the aforementioned parties with the client and in compliance with the Healing Lodges visitation policies and procedures.

I, \_\_\_\_\_, agree to participate with my child during their stay at  
(print name)  
**Wakenagun or Pelican High Peak Youth Healing Lodge upon the request of the treatment team.**

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Parent / Legal Guardian Name

Parent / Legal Guardian Signature

Date

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Witness Name

Witness Signature

Date

## PART 4 – PARENT / LEGAL GUARDIAN’S CONSENT TO TREATMENT

I / We, the parent(s) / legal guardian(s) of \_\_\_\_\_ do hereby agree and consent to have the above named admitted to Wakenagun or Pelican High Peak Youth Healing Lodge and are certain that the above named is willing to fully participate in the program.

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Parent / Legal Guardian Name

Parent / Legal Guardian Signature

Date

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Witness Name

Witness Signature

Date

## PART 5 – YOUTH CONSENT TO TREATMENT

If I am accepted into Wakenagun or Pelican High Peak Youth Healing Lodge treatment program, I understand that I will be expected to sign a “Treatment Agreement”. If I choose to not sign, I may be released / discharged at the earliest convenience.

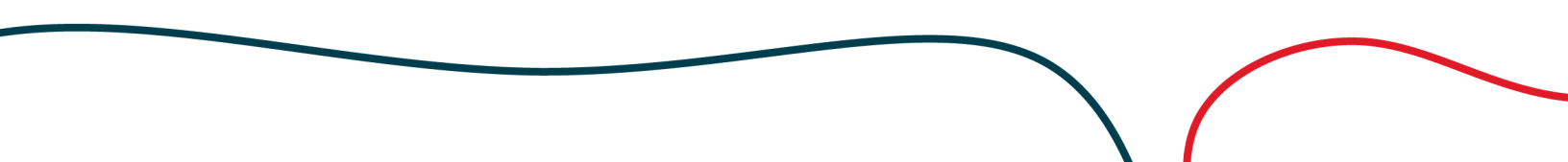
I understand that by signing this form I agree to fully participate in treatment.

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Client Name (please print)

Client Signature

Date



**PART 6 – AUTHORIZATION FOR RELEASE OF INFORMATION**

Client Name (please print): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_  
Name of Parent / Legal Guardian Name of Youth

do hereby consent and authorize the release of records indicated below:

- ✓ Birth Certificate
- ✓ Medical Records
- ✓ School Records
- ✓ Assessments
- ✓ Legal Documents
- ✓ Other Assessments - Specify: \_\_\_\_\_

I also do understand that this authorization will remain on file and serve as an ongoing authorization while my child is a client of Wakenagun or Pelican High Peak Healing Lodge.

Parent / Legal Guardian Name	Parent / Legal Guardian Signature	Date

Parent / Legal Guardian Name	Parent / Legal Guardian Signature	Date

