



MARYMOUND

Finding the good

Aboriginal Cultural Services Consent to participate in Cultural Programming

Name of client _____

Program:

- Residential Day Treatment Foster Care Other: _____

Client and Parent/Guardian

I have read and understand the information of the Cultural Program and the services it offers. I understand that participation is voluntary and requires my consent. Medical health will be a consideration for participation as well.

For Parent/Guardian:

I give my consent for (client) _____ to participate in the listed Ceremonies/Services in the Cultural Program

- Sweat Lodge**
- Smudging**
- Outings**
- Seven Sacred Laws**
- Medicine Wheel Teachings**
- Drumming on the Big Drum/Drum Making**
- Name ceremonies**
- Clan Teachings**
- First Nations History**
- Sharing Circles**

_____ There is no medical or other reason I know of to prevent this client from participating in any of the listed ceremonies/ services.

_____ There is a reason why this client should not participate in ceremonies/services of the Cultural Program.

Please specify _____

I give consent for this client to participate in the Cultural Program/Services.

Guardian

Client

Cultural Coordinator

Date