



Rainy River First Nations Manitou Rapids

P.O. Box 450
Emo, Ontario P0W 1E0
Phone (807)482-2479
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RRFNs Jordan's Principle Consent Form

I, _____,
(Parent/Guardian/Legal Trustee, etc)

Give consent for the release of personal health information, education documentation.
(Including but not limited to assessments and IEP).

Permission to use photos or videos and/or the first name of my child/ren for celebratory and promotional purposes.

Initials

Concerning

Name of child

Date of Birth: _____ Status Number: _____

This information will be appropriately safeguarded, only used to apply for funding for the year of 2023-2024 for the child specified above and will not be disclosed for any other purpose. I understand the purpose for disclosing this personal health and/or educational information of the person noted above. I understand that there may be a limited usage of photos or videos. I understand that I can refuse to sign this consent form.

Parent/Guardian/Legal Trustee, etc.

Signature: _____ Date: _____

Home Telephone: _____ Cell Telephone: _____

Email: _____ Address: _____

Witness Signature: _____ Date: _____

Printed Name
of Witness: _____ Home Telephone: _____

Office Use Only

IFN#: _____ HC#: _____