

I hereby () consent or () not consent to release my health information about my birth to: (Champagne and Aishihik First Nations Community Wellness staff).

For the following purpose:

- So there can be a linkage to between CAFN
- Community wellness Staff and doctors in case of an emergency situation arises

Please indicate any others that may advocate your health status on your behalf (spouse, family members)?

Date: _____

Printed Name: _____

Signature: _____

Witness Name: _____

Witness Signature: _____