ENROLLMENT CONSENT FORM

Jordan's Principle MANITOBA

Jordan's Principle aims to reduce barriers experienced by First Nations children when trying to access support and care required to maintain a safe and healthy lifestyle. Jordan's Principle in Manitoba applies to First Nations children aged 0 to 17 and can help with a wide range of health, social and educational needs. For more information and specific eligibility criteria go to www.jordansprinciplemb.com.

How to use this form: Providers can use this form to confirm a child's consent to enroll in Jordan's Principle. A child (under 18 y.o.) may provide consent or, in the case of a child who is incapable of giving consent, the child's parent or legal guardian may provide consent.

Client Information			Date (mm/dd/yyyy):
First name:	DOB (mm/dd/yyyy):	Gender: M F X	
Last name:	Band:		
MHSC#:	PHIN:	Status #:	
Address:		Phone:	
Mode of Communication (circle): Speech / Sign Language / Gesture / Augmentative (symbol-based)			
Pref. Spoken Language:	Interpreter needed?: Y / N	Language:	

Parent/Legal Guardian/Caregiver Information	
Name:	Relationship to Client: Parent / Legal Guardian / Caregiver
Address:	Phone:
Is Client involved with a child & family agency? Y / N	CFS Worker's Name:
Agency:	Phone:

Enrollment Consent

I _____ consent to my/my child's enrollment in Jordan's Principle to access health, social and educational products, services and supports, including assessment and, potentially, treatment. The general risks and benefits of enrolling in Jordan's Principle have been explained to me/my child. I understand that discussions regarding risks and benefits will continue over the course of enrollment. I understand that I have/my child has a right to ask questions about service and participate in goal setting and clinical planning. My/my child's participation in treatment will be interpreted as ongoing consent. I understand that I/my child can withdraw consent for this service at any time. I understand that doing so would in no way affect my/my child's ability to access services in the future.

Signatures

Signature of Client:	Date:
Print Name of Client:	
Signature of Parent/Legal Guardian:	Date:
Print Name of Parent/Legal Guardian:	
Signature of Witness:	Date:
Print Name of Witness:	