



**NORTHWEST INTER-NATION
FAMILY AND COMMUNITY
SERVICES SOCIETY (NIFCS)**

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YOUTH GROUP CONSENTS

Name of youth: _____ Age: _____

Date of Birth: _____ Grade: _____

Phone Number and Contact Information: _____

First Nations Band: _____

School: _____

Allergies: _____

Health concerns: _____

Strengths and Gifts: _____

Consent (Youth age 13 or older):

I, _____ consent to participate in the youth group provided by Northwest Inter-Nation Family and Community Services.

Signature

Date