

**QALIPU MI'KMAQ FIRST NATION BAND MEMBER DATABASE  
PARENTAL/GUARDIAN CONSENT FORM**

I \_\_\_\_\_ (name) am the Parent/legal Guardian of \_\_\_\_\_ (name Minor/child) (Or name of legal charge -adult member with a disability for whom I have legal power of attorney) who is a registered member of the Qalipu Mi'kmaq First Nation Band.

Minor/Charge Band Member #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have read the QMFN frequently asked questions and understand the terms and conditions associated with the QMFN member database.

I understand that my child's / legal charge's personal information will only be used for the following purposes:

- Developing and maintaining the QMFN Membership List.
- Generating the official Voters' List for QMFN (and issuing all election related communication with members).

At no point will my child's/legal charge's personal information from this database be disclosed, sold, shared or provided to any government department, agency, private or public company, body, individual or organization without my prior consent unless required to do so by law.

To access the database and to store my child's/legal charge's personal information on the database, I am consenting (agreeing) to allow QMFN to use my child's/legal charge's data for the above purposes. I can withdraw this consent at any time by notifying the QMFN.

I agree that when I access my child's/legal charge's member database form, I am entering only correct and accurate data; I am not entering any information I know is wrong or false.

I agree that if my legal status regarding the child/legal charge changes (for example I no longer have custody), or if his/her status as a registered member changes, I will immediately inform the QMFN Indian Registrar Assistant.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Received QMFN Indian Registrar Assistant (date) \_\_\_\_\_