

# Nak'azdli Whut'en Member Contact List



Members Name:			Address
Status Number			
Primary contact number			
<input type="checkbox"/> Work:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Secondary contact number			
<input type="checkbox"/> Work:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	

Spouse's Name (also a band member?): Yes No		Address
Status Number		
Contact number		
<input type="checkbox"/> Work:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:
Direct contact number		
<input type="checkbox"/> Work:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:

Child's Name:		Address
Contact number same as parent		
<input type="checkbox"/> School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:
Information		
<input type="checkbox"/> Age:	<input type="checkbox"/> Grade:	Male Female

Child's Name:		Address
Contact number same as parent		
<input type="checkbox"/> School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:
Information		
<input type="checkbox"/> Age:	<input type="checkbox"/> Grade:	Male Female

Child's Name:			Address
Contact number same as parent			
<input type="checkbox"/> School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Information			
<input type="checkbox"/> Age:	<input type="checkbox"/> Grade:	Male Female	

Child's Name:			Address
Contact number same as parent			
<input type="checkbox"/> School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Information			
<input type="checkbox"/> Age	<input type="checkbox"/> Grade	Male Female	

Child's Name:			Address
Contact number same as parent			
<input type="checkbox"/> School: School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Information			
<input type="checkbox"/> Age	<input type="checkbox"/> Grade	Male Female	

Child's Name:			Address
Contact number same as parent			
<input type="checkbox"/> School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Information			
<input type="checkbox"/> Age	<input type="checkbox"/> Grade	Male Female	

Child's Name:			Address
Contact number same as parent			
<input type="checkbox"/> School: School:	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	
Information			
<input type="checkbox"/> Age	<input type="checkbox"/> Grade	Male Female	

I, \_\_\_\_\_, authorize Nak'azdli Whut'en \_\_\_\_\_  
(Print your name) (Print name of Band)

to disclose

my personal mailing information departmentally consisting of:

\_\_\_\_\_  
*(Describe the personal contact information to be disclosed)*

Or

the personal contact information of

\_\_\_\_\_  
*(Name of person for whom you are the substitute decision-maker\*)*

consisting  
of: \_\_\_\_\_

\_\_\_\_\_  
*(Describe the personal contact information to be disclosed)*

to \_\_\_\_\_ Nak'azdli Whut'en Departments \_\_\_\_\_

**I understand the purpose for disclosing this personal contact information to the person noted above. I understand that I can refuse to sign or give verbal consent on this consent form.**

**If filling out yourself sign in blue box, if calling into the office administration to fill out green box.**

**My Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do you give verbal consent for Nak'azdli Whut'en to share this information departmentally?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

**Form completed by:**

\_\_\_\_\_

**Print**

**Sign**

**\*Please note: A substitute decision-maker is a person authorized under consent, on behalf of an individual, to disclose personal contact information about the individual. Ie. Parents sharing children in split homes etc.**