Youth Engagement Program

Presented by:
Prince Albert Grand Council

Date: _____
Name (of youth): _____
Age: _____

Parent/Guardian Information

Name: _____ Home Phone: _____
Cell Phone Number: _____
Address: _____ City: _____
Email Address: _____

Youth Information

Date of Birth: _____
Health Card Number: _____
First Nation Band: _____
Treaty Number: _____ Allergies: _____
School Attending: _____

Other Relative:

Name: _____ Phone Number: _____
Relationship to youth: _____

By signing this waver you are giving permission for your child to be in photographs taken through the program. These images may be used in publications, websites, and social media. No names or personal information will be shared. As in all physical activity there is always a risk of injury but you are releasing Prince Albert Grand Council of all liability.

Parent/Guardian Signature: _____
Date: _____

For more information, contact:
PAGC Holistic Wellness Centre: 306-953-7285 or 306-981-5100

For Office Only: Add to: EAST HILL, EAST FLAT, WEST HILL, WEST FLAT
(please circle one)

PRINCE ALBERT GRAND COUNCIL

Holistic Wellness Centre
P.O. BOX 2350. 851-23rd St. West
Prince Albert, SK S6V 7M6
Phone: (306) 953-7285 Fax: (306) 763-5223

Counselling Referral Form – Youth/Minor

Y.E.S. Referral	☐	Other	☐

Youth's Name:		Age:	
Address:		D.O.B.:	
Parent/Guardian:		Phone:	
Referral By:		Date:	

REASON FOR REFERRAL:
(Samples below. If any concern is not on the list, add below on Other: example - gets upset easy)

Decrease in energy	☐	Anxiety/ Worrying	☐	Hopelessness	☐
Restlessness	☐	Eating concerns	☐	Grief / Loss	☐
Poor concentration	☐	Tearfulness	☐	Low self-esteem	☐
Aggression	☐	Disruptive Behaviours	☐	Depressed / Withdrawn	☐
Mood swings/ Irritability	☐	Ritualistic Behavior	☐	Domestic Violence	☐
Impulse behaviours	☐	Bullying others	☐	Relationships Issues	☐
Sleep disturbance	☐	Bullied by others.	☐	Victim of Abuse	☐
Substance abuse	☐	Legal issues/matters	☐	Self-Harm	☐
Learning difficulties	☐	Violation of rules	☐	Suicidal Ideation	☐

Other:
Other:
Other:

Additional Comments: (To be filled out by referring individual)

Follow Up/Notes: (To be filled out by Mental Health and Addictions Worker)

Follow-Up Made By:		Client contacted:	Yes ☐	No ☐	Details:

*Copy placed in mental health file	Yes	☐	No	☐
*Permission Form for Counselling signed by parent/guardian	Yes	☐	No	☐

Revised Date: February 21, 2020