



## PARENTAL CONSENT FORM

### Child's Information

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian (circle one) name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Tel (if different): \_\_\_\_\_

Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Signatures

Parent/Guardian (circle one) \_\_\_\_\_

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

**I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to volunteer with George S. Syme Seniors' Centre of York.**

**Please return this form to the Volunteer/Member Coordinator**