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Parental Consent Form

Name(s) of Child(ren): _____

I, _____, _____ and *legal* guardian,
(Name) (Relationship)

warrant that I have the authority to consent for my child(ren) to participate in counselling/group programming offered by Catholic Family Services of Prince Albert under the mandate of this organization.

I understand that my child(ren) will have the opportunity to share his/her/their feelings, expectations and attitudes about our life circumstances. Should I be included in the counselling, my involvement will focus on ways of helping the child(ren) to adjust more successfully to these circumstances.

I agree that neither myself nor anyone representing me shall call on any Catholic Family Service employee during or at any time after it to provide either written or oral testimony at any examination trial, or application in any court where the marriage, the custody of or access to the child(ren) are in issue or related to the issues or dispute between me and any other persons, Catholic Family Services does not provide specialized custody/access assessments.

Parental Separation/Divorce: (Check one) ☐ Yes ☐ No

If separated/divorced, please indicate custody agreement: (Check one) ☐ Joint ☐ Sole

*In the case of a separation/divorce, signatures of **both** parents is required. If one parent has sole custody, please provide *legal* documentation.

Please print and sign your full name below.

Parent/Guardian: _____

Parent/Guardian: _____

Signature: _____

Signature: _____

Witness: _____

Witness: _____

Date: _____

Date: _____