



25 Charles St. East, Toronto, Ontario M4Y-1R9
Tel.: 416-922-0628 Fax: 416-922-4961
www.sanctuarytoronto.ca

Parent Consent Form for Drop-In Orientation*

I, the parent or legal guardian of _____
understand that, by attending a drop-in at Sanctuary, he/she is being provided
with an opportunity to learn about a unique community of individuals with a
wide variety of experiences and backgrounds. I understand the inherent risks
that may be associated with their attendance at a drop-in and am confident in
the ability of _____
as the leader/supervisor of this education program at Sanctuary to keep my
child under his/her direct supervision and to take all reasonable precautions
while he/she is in the drop-in.

Parent/Guardian

Signature: _____ Date: _____

*Under 18 years old