



## Parental Consent for Mentor and Protégé Outing

I, the parent or guardian of \_\_\_\_\_, give him/her permission to  
NAME OF PROTÉGÉ  
 attend \_\_\_\_\_  
DESCRIPTION OF EVENT  
 with his/her mentor \_\_\_\_\_ on \_\_\_\_\_,  
NAME OF MENTOR DATE  
 from, \_\_\_\_\_ to \_\_\_\_\_. The method of transportation to  
TIME OF EVENT ESTIMATED TIME OF RETURN  
 and from the event is by \_\_\_\_\_.

### Parent/Guardian (please print):

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

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

Postal Code: \_\_\_\_\_ Student's AB Health Care #: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
 Home \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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

Please **send the completed form** to the Alberta Mentor Foundation for Youth by mail or fax:  
 Alberta Mentor Foundation for Youth Fax: 270-7037  
 Suite 570, 1207 - 11 Avenue SW  
 Calgary, AB T3C 0M5

If you have any questions or concerns, please do not hesitate to contact the AMFY office at 270-3637.

AMFY is committed to protecting you and your son/daughter's personal information, and adheres to all legislative requirements with respect to privacy. AMFY may collect and use your and your son/daughter's personal information for mentoring purposes, to advise you of sponsorship and donation opportunities, to issue tax receipts, to comply with our various legal obligations, or for any other reasonable purpose. To the extent that your consent is required by law, your provision of this information indicates your consent to such collection, use and disclosure. If you do not wish to receive information about our activities and programs or wish to receive more information about our privacy practices, please contact the AMFY Privacy Officer by telephone at 270-3637 or by email at [amfy@amfy.org](mailto:amfy@amfy.org). A copy of our privacy directive is available upon request.