



#101 1272 -101st Street
North Battleford, SK S9A 0Z8
Phone (306) 445-6960 Fax (306) 445-0434
Email: battlefords.cfs@sasktel.net

Parental Consent Form

I, _____ give permission for _____
parent/guardian name of child

to attend _____ facilitated by Catholic Family Services of the
Battlefords Inc.

Age of child: _____

Please list any medical concerns or allergies for the child attending the group:

Signature of Parent/Guardian

Date

Banana Splits Support Group