

1211-98th St North Battleford, SK S9A 0L8 306-445-0055 info@basac.ca

Permission to Provide Counselling

As parent/legal guardian of	, I give permission for		on for
	_ of the Battlefords & Area Sexual Assault Center to provide		
scheduled counselling services	s to my child at		_ from
	until	·	
Guardian Signature		Date	
	_		
Print name			