



**Alberta & Northwest
Territories Division**
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Edmonton, AB T6B 2T4
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Toll Free: 1-800-268-7582
www.mssociety.ca

Parent Consent Form

To be completed for those persons under 18 years of age:

Name of child: _____

Name of parent or legal guardian: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

I, _____ (parent or legal guardian), do hereby give my consent, for my child _____ (child's full name) to volunteer for the Multiple Sclerosis Society of Canada, Alberta Division.

Signature (Parent/Legal Guardian)

Date

If you have any questions please contact the MS Society – Volunteer Resources at (780) 463-1190 or e-mail abvolunteers@mssociety.ca