



**Alberta Division**  
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Toll Free: 1-800-268-7582  
[www.mssociety.ca](http://www.mssociety.ca)

## Parent Consent Form

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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](mailto:abvolunteers@mssociety.ca)