



**Big Brothers and Big Sisters  
of Calgary and Area**

5960 Centre Street SE, Calgary, AB T2H 0C1

**mPOWER**

## PARENTAL CONSENT FOR MENTOR AND MENTEE OFF-CAMPUS ACTIVITIES

I, the parent or guardian of \_\_\_\_\_, give him/her permission to  
(NAME)  
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 \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Student's AB Health Care Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT/GUARDIAN)

Please send completed form to:

**Big Brothers and Big Sisters of Calgary and Area  
mPower Youth Mentoring Program  
5960 Centre Street SE  
Calgary, AB T2H 0C1**

**Or fax to: 403-777-3525**

If you have any questions or concerns, please do not hesitate to contact the BBBS office at 403-777-3535.